

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name **George F. Albrecht** Town **Fredensburgh** County **Fredensburgh** MARYLAND

Died at **Fredensburgh**

Date of death **1906 Dec 15th** Age **52** Years **29** Months **10** Days

Sex **male** Color or Race **White** Birth-place **MD**

Occupation **Butcher** Where Residing if not at place of death **—**

Married, Single or Widowed **Widower** Name of Wife or Husband **—**

Father's Name **John W. Albrecht** Father's Birthplace **MD.**

Mother's Maiden Name **Rebecca Miles** Mother's Birthplace **MD.**

Name of person giving information **Miss Gertrude** How related to deceased **Daughter**

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Cerebral Hemorrhage** How long **June, July**

Immediate **Cerebral Hemorrhage** How long **24 hours**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Frank Hedger** Address **Fredensburgh, Md.**

Accident or Suicide? **—**



Name  
in  
Full

J. Fred. Alvey,

## CERTIFICATE OF DEATH

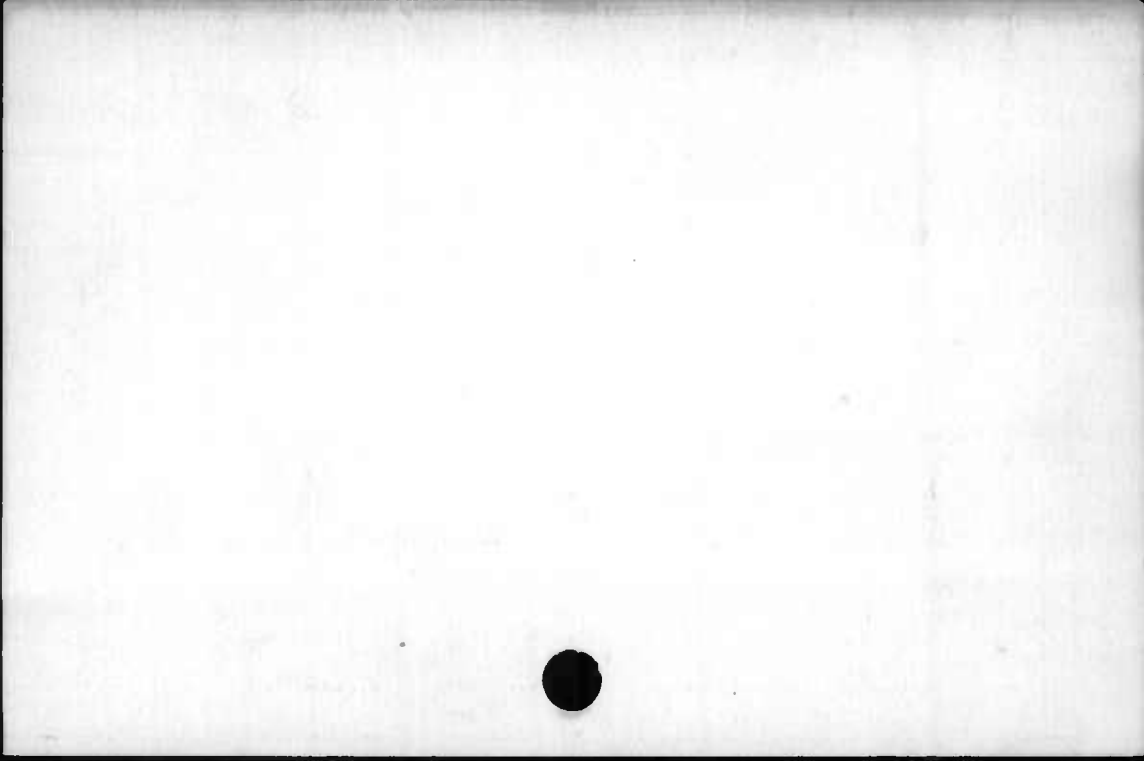
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederic</i>		Town		<i>Frederic</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>December</i>		Day <i>25th</i>		Age <i>33</i>		Months <i>2</i> Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Hagerstown Md</i>					
Occupation <i>Government Official</i>		Where Residing if not at place of death <i>Washington D.C.</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ann R. Alvey.</i>							
Father's Name <i>Richard N. Alvey,</i>		Father's Birthplace <i>Washington County Md</i>							
Mother's Maiden Name <i>Julia Ann Hayes</i>		Mother's Birthplace <i>Washington County Md</i>							
Name of person giving information <i>Physician</i>		How related to deceased <i>No relation</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bright's Disease</i>	How long	
Immediate	<i>Uremia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. B. Johnson</i>	
		Address <i>Frederic Md.</i>	
Accident or Suicide?			



Name  
in  
Full

John William Anders

## CERTIFICATE OF DEATH

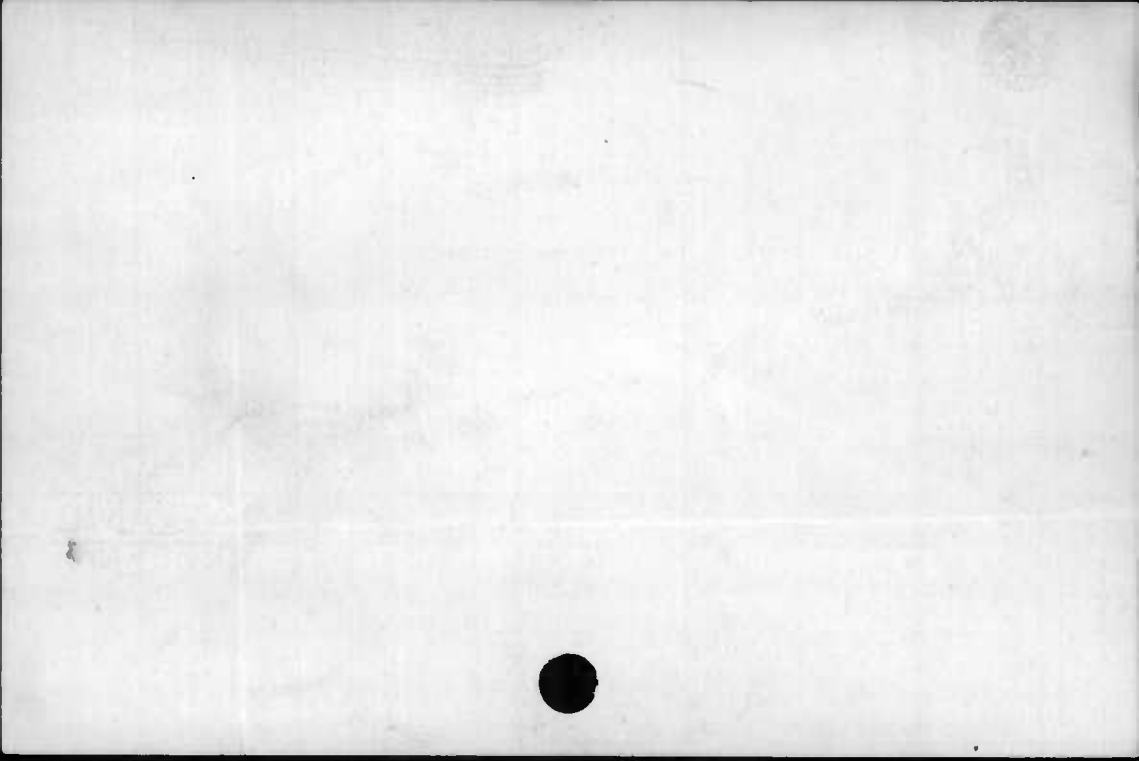
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roeby</i> <sup>Town</sup> <i>Bridge</i> <sup>County</sup> <i>Fredricks</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>1</i>	Age <i>72</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>place of death</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Minerva Valentine</i>		
Father's Name <i>Abram Anders</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Sophia Elizabeth Sowers</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>Minerva Anders</i>	How related to deceased <i>wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Disease of heart</i>	How long <i>Years</i>
Immediate <i>Heart failure</i>	How long <i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Diller</i>
	Address <i>Detroit</i>
Accident or Suicide? <i>No</i>	<i>Maryland</i>



Name  
in  
Full

Laura V. Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredrick</i>			Town		County		MARYLAND				
Date of death	1906	Month	12	Day	6	Age	62	Months	7	Days	6
Sex	<i>Female</i>			Color or Race	<i>White</i>			Birthplace	<i>md</i>		
Occupation	<i>H.W.</i>					Where Residing if not at place of death					<i>X</i>
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Name of <del>Wife</del> or Husband					<i>Otis Anderson</i>					
Father's Name	<i>Joshua Young</i>							Father's Birthplace			
Mother's Maiden Name	<i>Mary A. E. Britzbaugh</i>							Mother's Birthplace			
Name of person giving information	<i>Mrs Y. Anderson</i>							How related to deceased			<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>		How long	<i>1 Year</i>	
Immediate	<i>Exhaustion</i>		How long	<i>6 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician		<i>C. F. Gordon. md</i>
			Address		<i>Fredrick, md.</i>
Accident or Suicide?		<i>no</i>			





Name in Full <b>Noah Balzell</b>		Town <b>Thurmont</b>		County <b>Fredrich</b>		CERTIFICATE OF DEATH	
Died at <b>Thurmont</b>		State <b>MARYLAND</b>					
Date of death <b>1906</b>		Month <b>Dec</b>	Day <b>8-</b>	Age <b>72</b>	Months <b>9</b>	Days <b>3</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Fredrich Co.</b>			
Occupation <b>Retired Farmer</b>		Where Residing if not at place of death <b>_____</b>					
<del>Married</del> Single or Widowed <b>Single</b>		Name of Wife or Husband <b>_____</b>					
Father's Name <b>Aaron Balzell</b>		Father's Birthplace <b>Fredrich Co.</b>					
Mother's Maiden Name <b>Susan Venner</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>Addie Balzell</b>		How related to deceased <b>Niece</b>					
<b>CAUSES OF DEATH</b>							
Primary <b>Progressive Paralysis</b>		How long <b>one year</b>					
Immediate <b>_____</b>		How long <b>_____</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Geo R. Walters M.D.</b>					
		Address <b>Thurmont - Md</b>					
Accident or Suicide? <b>_____</b>							



Name  
in  
Full

## CERTIFICATE OF DEATH

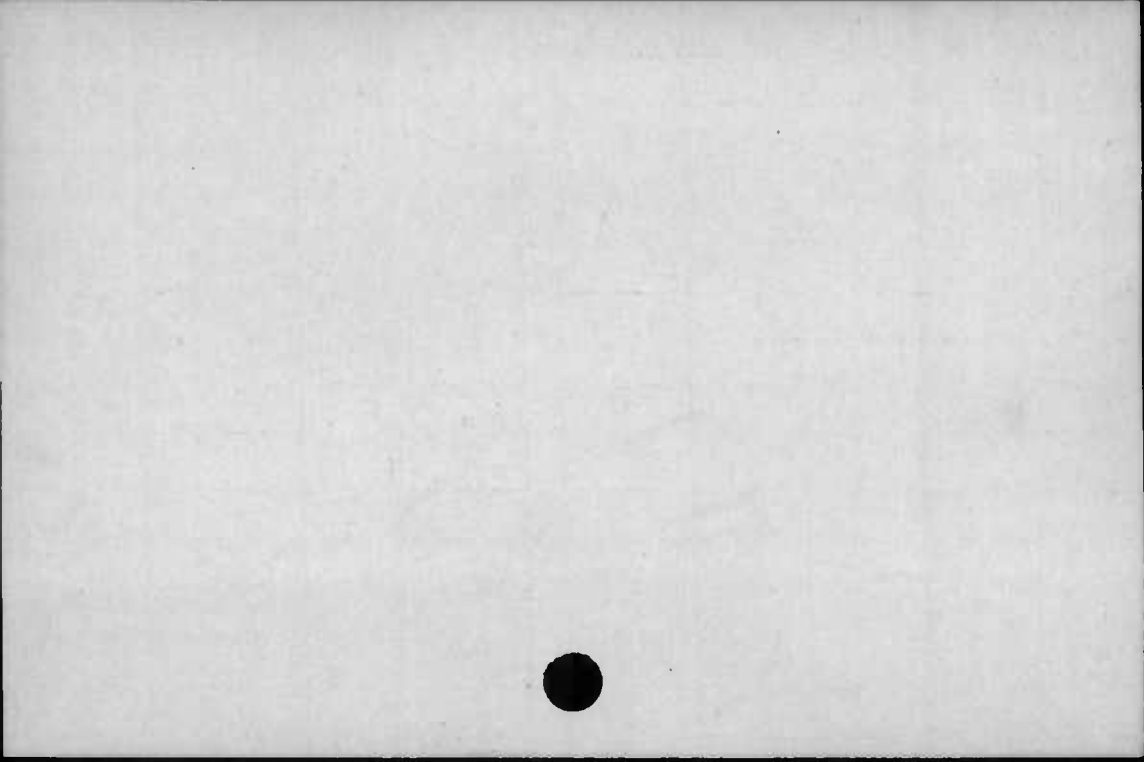
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Knoxville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>12</i>	Day	<i>1</i>	Age	Years <i>2</i> Months <i>9</i> Days <i>9</i>
Sex	<i>Boy</i>		Color or Race	<i>Black</i>		Birth-place	<i>New Knoxville</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Infant</i>		Name of Wife or Husband				
Father's Name	<i>William Barber</i>					Father's Birthplace	<i>Va.</i>
Mother's Maiden Name	<i>Abbie Drummer</i>					Mother's Birthplace	<i>Va.</i>
Name of person giving information	<i>William Barber</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>marasmus</i>	How long	<i>151</i>	How long	<i>Two months</i>
Immediate					
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>26 &amp; 26 days</i>		
		Address	<i>Brunswick Ga</i>		
Accident or Suicide?					



Name  
in  
Full

Masie Beecher

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Ruels Mill

Frederick

Date

Month

Day

Years

Months

Days

of death

1906

Dec

5th

Age

22

Sex

Female

Color or  
Race

White

Birth-  
place

Frederick Co.

Occupation

House Keeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

H. M. Beecher

Father's  
Name

W. S. Cummings

Father's  
Birthplace

Frederick Co.

Mother's  
Maiden Name

Mary Stimmer

Mother's  
Birthplace

Frederick Co.

Name of person giving  
information

Mrs. W. Cummings

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Puerperal Fever

How long

3 weeks

Immediate

Peritonitis

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

E. C. Mullins  
Urbana  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

M. Olivet  
Schneider

Name  
in  
Full

Edward M. Bell.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Terra Cotta</i>		County <i>D.C.</i>		State <i>MARYLAND</i>	
Date of death	1906	Month	<i>Dec</i>	Day	<i>30</i>
Age	<i>6</i>	Years		Months	
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>D.C.</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Ed. M. Bell</i>			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>—</i>			Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Burial Permit</i>			How related to deceased	<i>—</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Fracture of Skull</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>T. Clyde Rostam Sub. Reg.</i>
		Address	<i>Buckeye Loom Dist.</i>
Accident or Suicide?		<i>Accident</i>	





Name  
In  
Full

Edward O. Beel

## CERTIFICATE OF DEATH

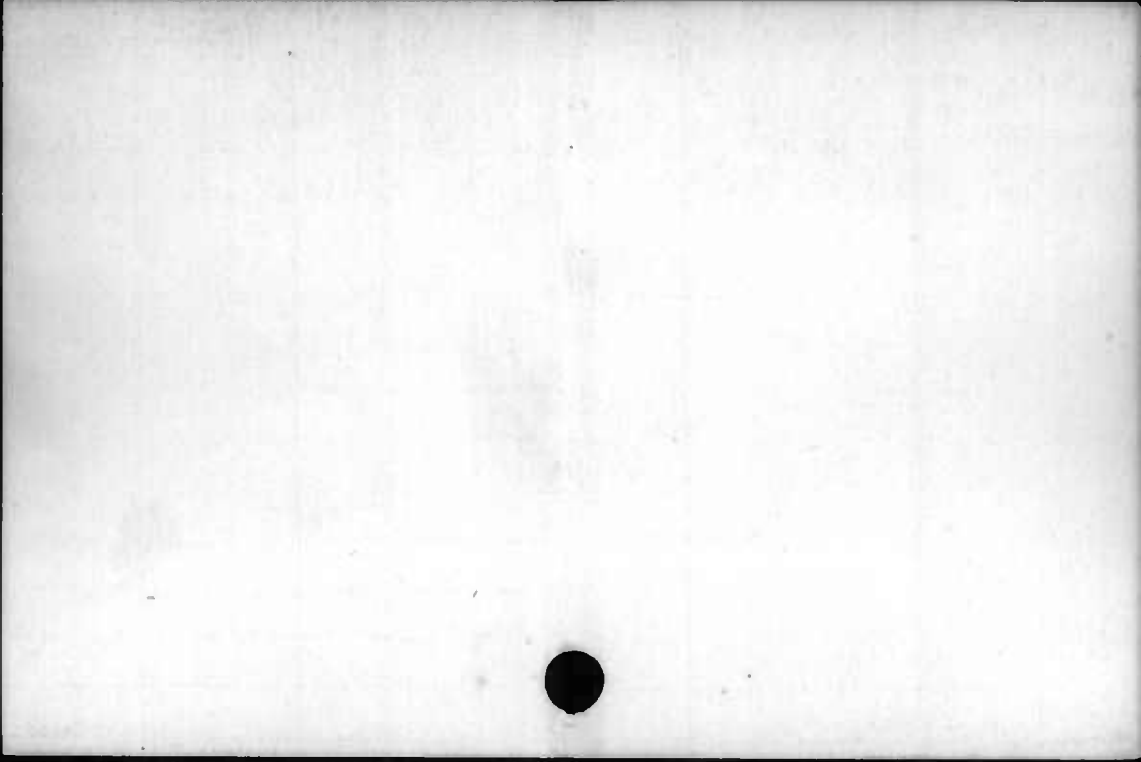
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tennacotta</i> <sup>Town</sup>		<i>D. C.</i> <sup>County</sup>		<del>MARYLAND</del>	
Date of death <i>1906</i>	<i>Dec.</i> <sup>Month</sup>	<i>30</i> <sup>Day</sup>	<i>45</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>Physician</i>	Where Residing if not at place of death <i>Washington D.C.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Buried Permit</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Crushed wounds of body</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>T. Clyde Ransom Sub R.</i>
	Address <i>Bethesda Md.</i>
Accident or Suicide? <i>Accident</i>	



Name  
in  
Full

Smelzer Belt

## CERTIFICATE OF DEATH

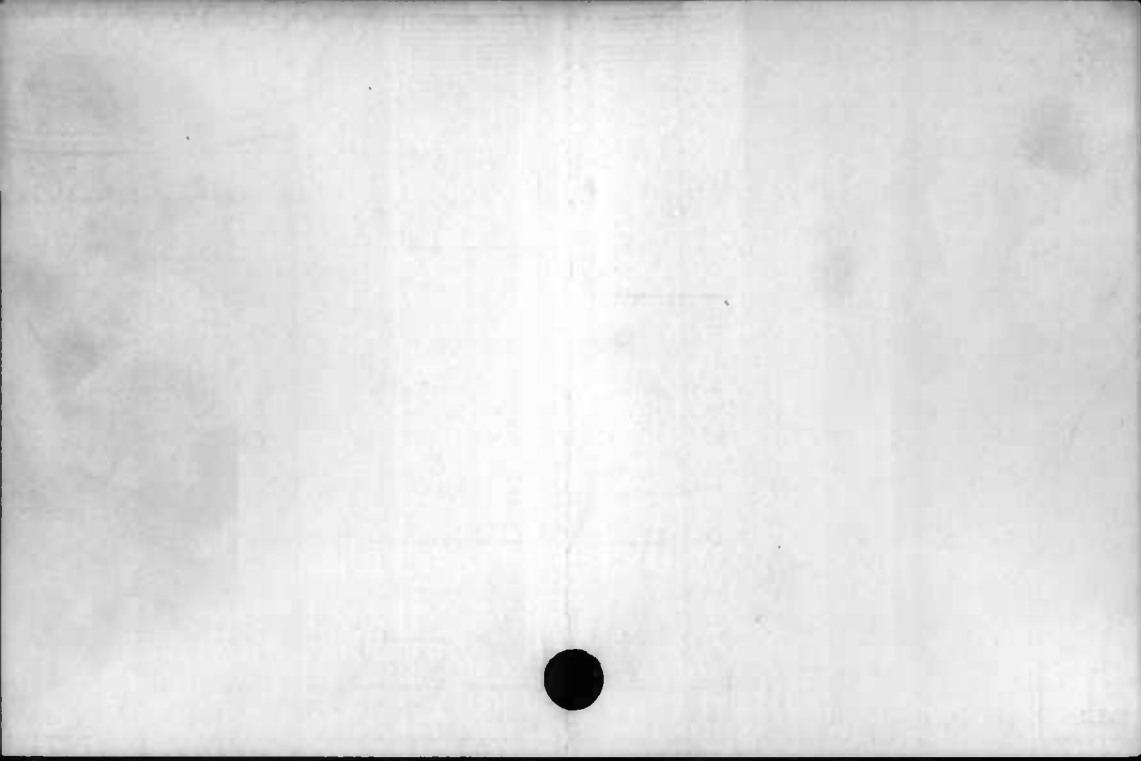
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tenna Colba</i>		County <i>D.C.</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>30</i>	Age <i>5</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>D.C.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Ed O. Belt</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Burial Permit</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>bruised wounds of body</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Clyde Roulston Sub Reg.</i>	
		Address <i>Buckeystown Dist.</i>	
Accident or Suicide? <i>Accident</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

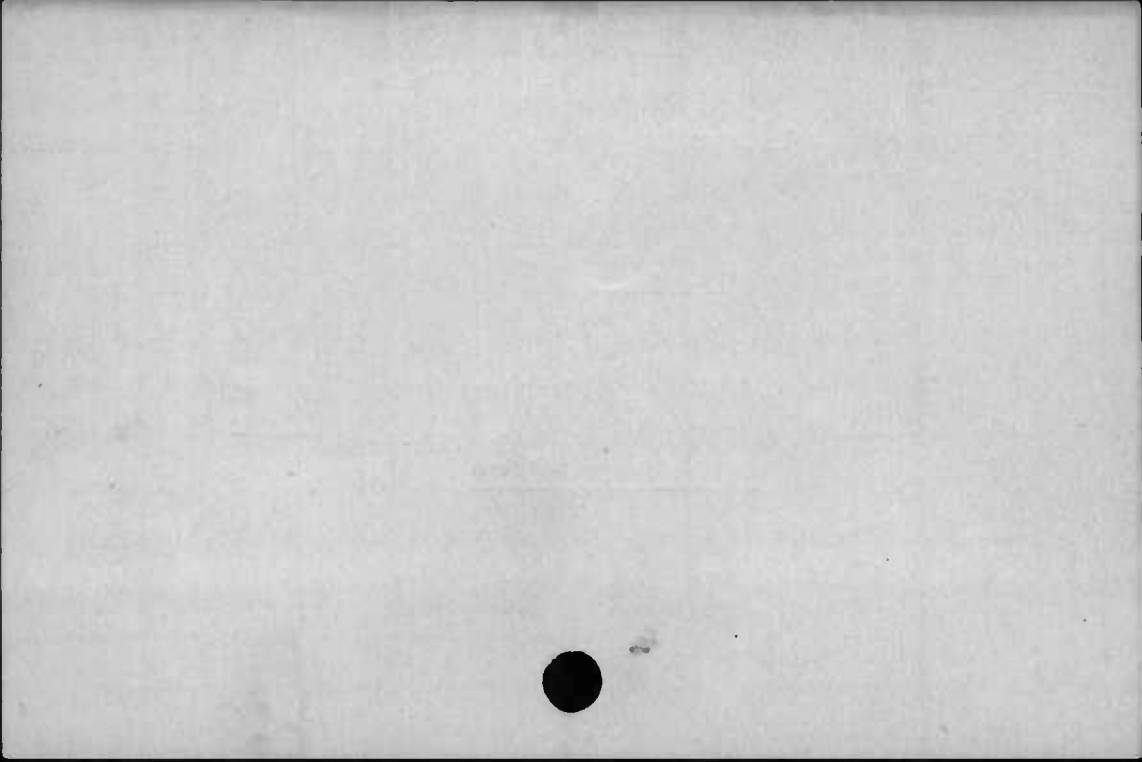
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Jennings Robert Bissett</b>		Town <b>Bryn Mawr</b>		County <b>Friedrich</b>		State <b>MARYLAND</b>	
Died at <b>Bryn Mawr</b>		Month <b>12</b>		Day <b>8</b>		Age <b>10</b> Years <b>6</b> Months	
Date of death <b>1906</b>		Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Baltimore Md</b>	
Occupation <b>Infant</b>				Where Residing if not at place of death			
Married, Single or Widowed <b>Infant</b>		Name of Wife or Husband					
Father's Name <b>George W Bissett</b>				Father's Birthplace <b>Virginia</b>			
Mother's Maiden Name <b>Margaret Jennings</b>				Mother's Birthplace <b>Sandy Hook</b>			
Name of person giving information <b>Mrs Jessie Bond</b>				How related to deceased <b>Cousin</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pneumonia</b>	How long <b>2 days</b>
Immediate <b>Menystris</b>	How long <b>1 day</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>H. B. Hedges</b>
	Address <b>Bryn Mawr</b>
Accident or Suicide?	



Name  
in  
Full

John D. Biddinger

No. 26

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

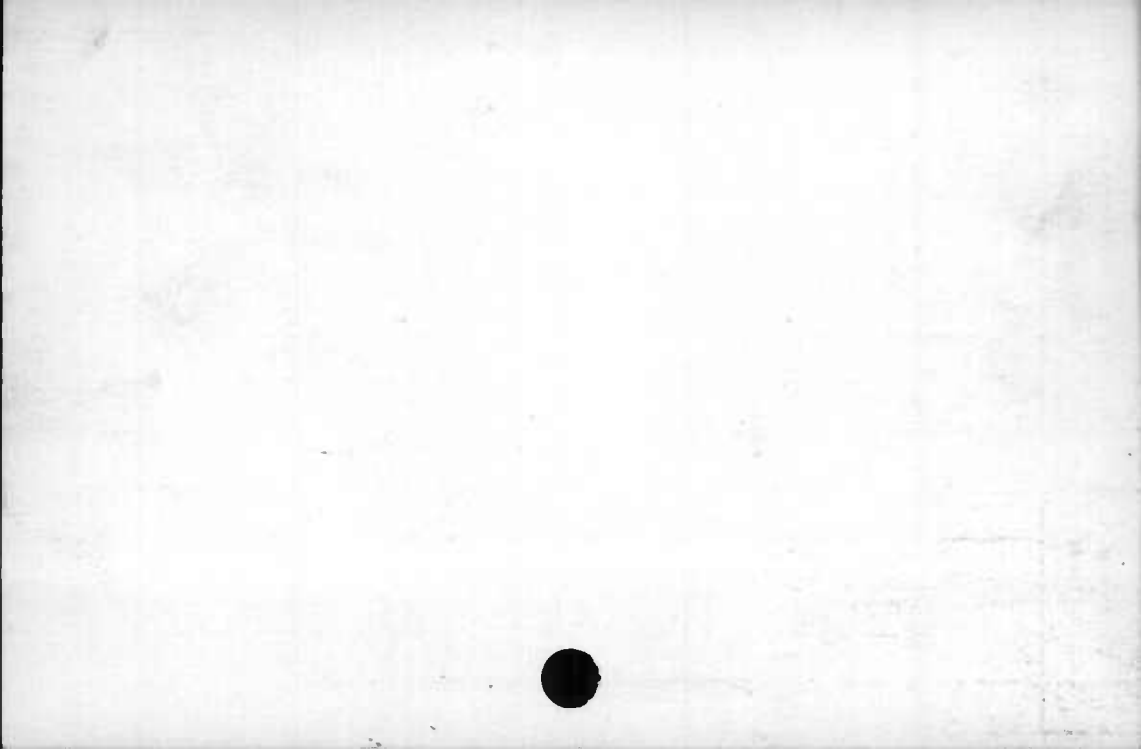
Died at		Town New London		County Frederick		MARYLAND									
Date of death		1906		Month Dec		8 Day		Age 54		Years		Months		Days	
Sex		Male		Color or Race		White		Birthplace		Maryland					
Occupation		Laborer		Where Residing if not at place of death											
Married, Single or Widowed		Married		Name of Wife or Husband		Lucinda C. Biddinger									
Father's Name		Ephraim Biddinger		Father's Birthplace		Maryland									
Mother's Maiden Name		Sarah Ann Rippen		Mother's Birthplace		Maryland									
Name of person giving information		Lucinda Biddinger		How related to deceased		Wife									

## CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	3 mos.
Immediate		How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. H. Hopkins M.D.
		Address	New Market
			Frederick Co., Md
Accident or Suicide?	no		





Name  
in  
Full

Henry Samuel Plack

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lime Hill		County Frederick		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Dec	19	Age	43		
Sex		Color or Race		Birth-place			
Male		White		Frederick County			
Occupation		Where Residing if not at place of death					
Farmer		Puckeystown					
Married, Single or Widowed		Name of Wife or Husband					
Married		Laura C Putman (Maiden name)					
Father's Name		Father's Birthplace					
Adam Plack		County					
Mother's Maiden Name		Mother's Birthplace					
Mary Seisbert		"					
Name of person giving information		How related to deceased					
Edo Early		166					

## CAUSES OF DEATH

Primary Accident; struck by Rail Road engine

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



Accident or Suicide?

PHYSICIAN  
OR CORONER

South  
Humboldt

Name

in  
Full

## CERTIFICATE OF DEATH

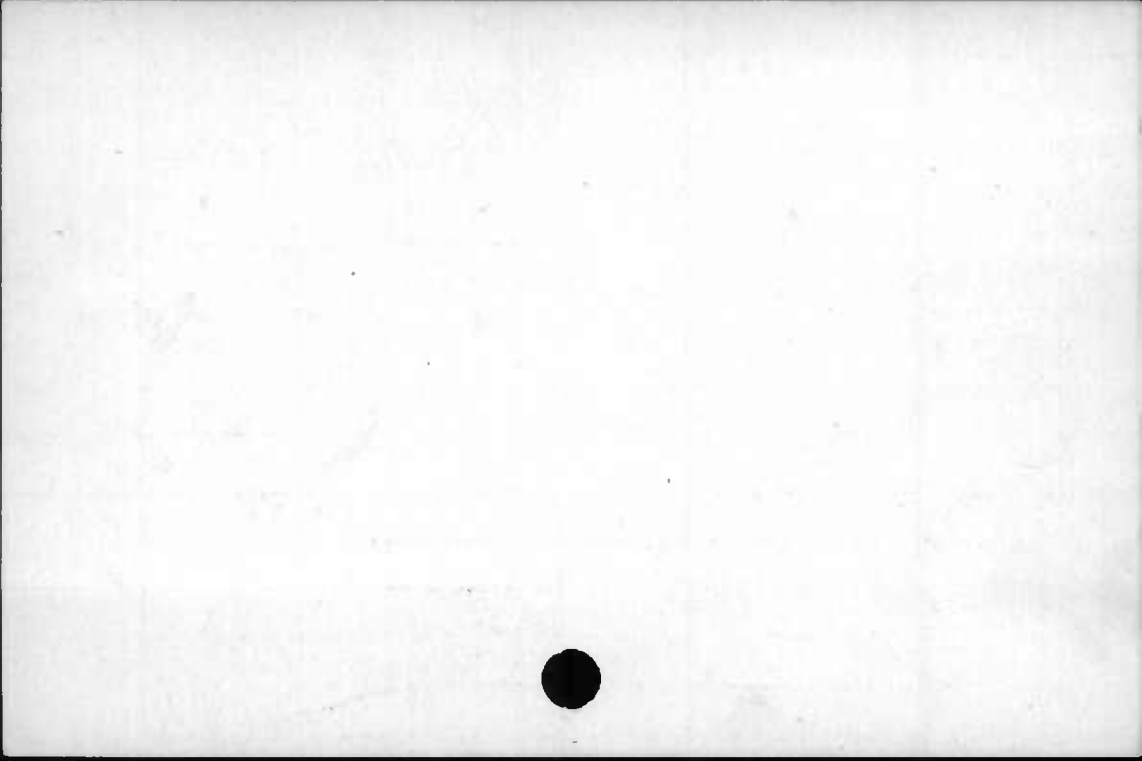
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Decbr.	10	85	7	-	
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Widow				John Blackston			
Father's Name	William Wilson				Father's Birthplace	Md.	
Mother's Maiden Name	Unknown				Mother's Birthplace	Md.	
Name of person giving information	Jesse Nicodemus				How related to deceased	Stepson	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Infirmities of Age		How long	154 months
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Thomas P. Sappington,	
			Address	
			Unionville,	
			Maryland.	
Accident or Suicide?				



Name  
in  
Full

John C. Boyer.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Broad Run*

Town

*Lindk*

County

MARYLAND

Date  
of death *1906*Month *12*Day *2*Age *63*

Years

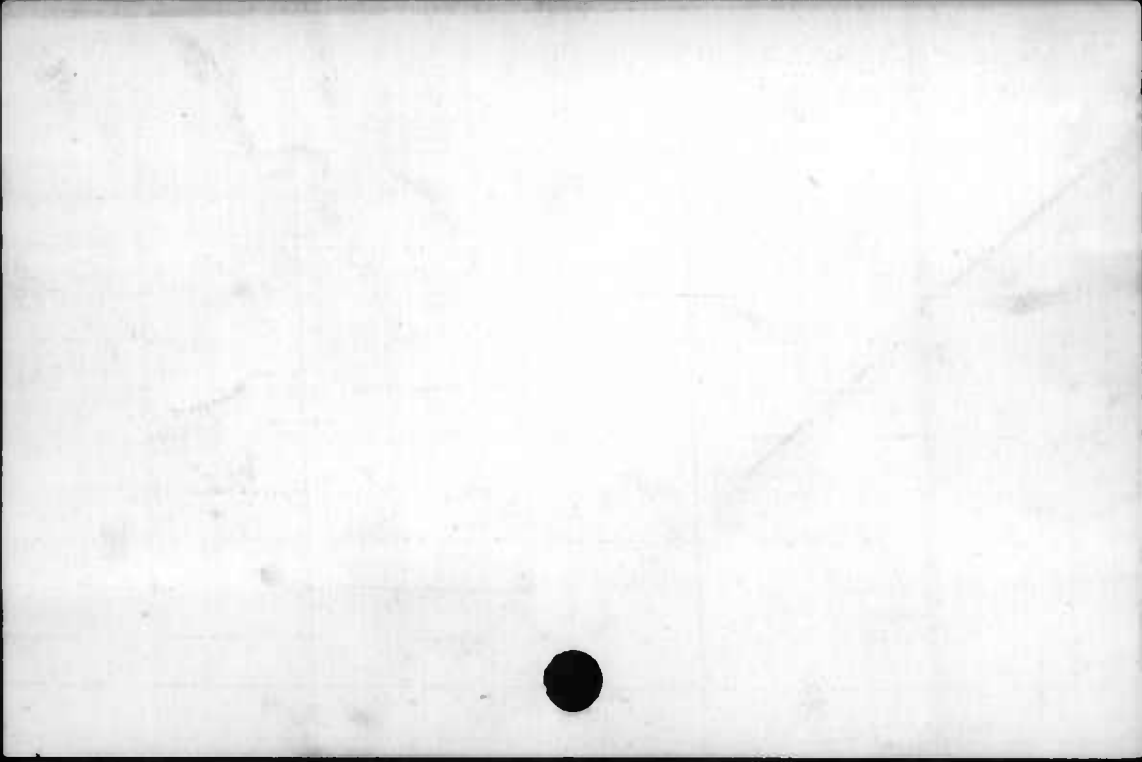
*5* Months*13* DaysSex *male*Color or  
Race *white*Birth-  
placeOccupation *Tanner*Where Residing if not  
at place of deathMarried, Single  
or Widowed *—*Name of Wife or  
Husband *Susan F. Boyer.*Father's  
Name *Michael Boyer*Father's  
Birthplace *Lindk 60*Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation *Eldridge Boyer*How related  
to deceased *Son*

## CAUSES OF DEATH

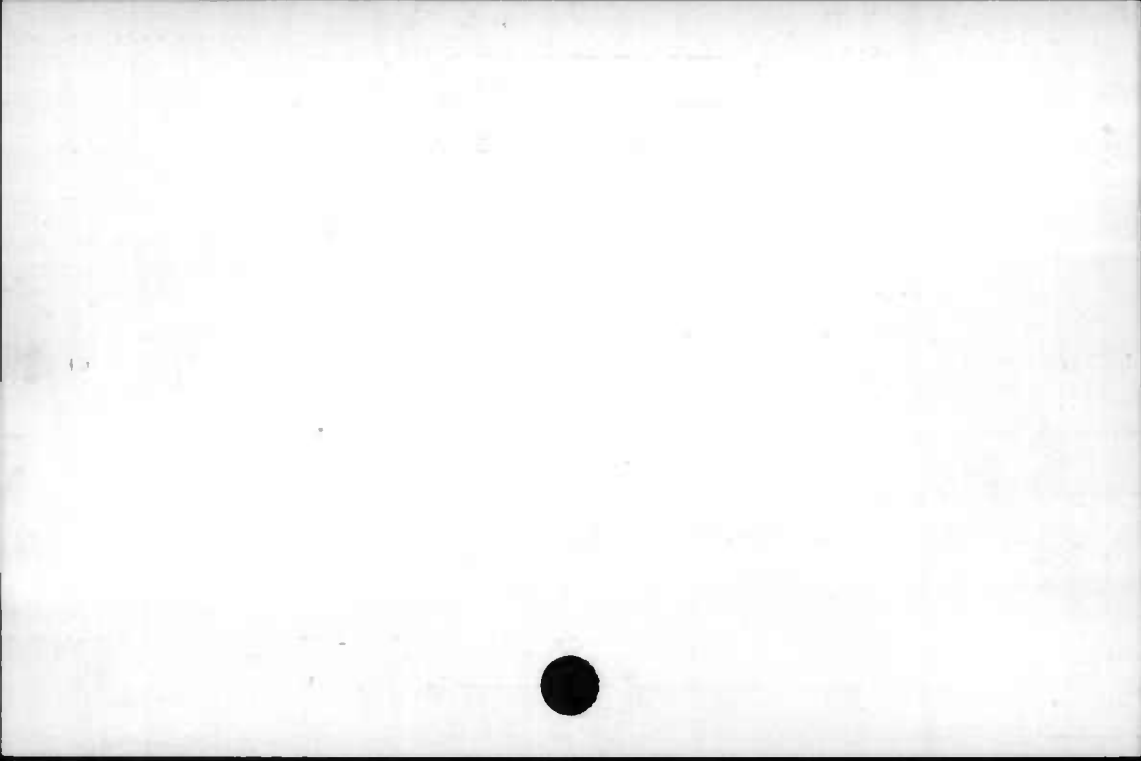
Primary *Hypostotic Pneumonia*How long *94* *9 days*Immediate *Heart Failure*How long *24 hours*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *W. W. W. W.*Address *Burkittsville*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		WILLIAM BRATTON				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND
	Date of death	1906	Month	12	Day	12	Age
					Years	22	Months
					Days	X	
	Sex	male		Color	—		Birth-place
	Occupation		Lobster		Where Residing if not at place of death		X
	Name of Single or Widowed		Name of Wife or Husband		X		
	Father's Name		Thomas Bratton		Father's Birthplace		md
Mother's Maiden Name		X		Mother's Birthplace		md	
Name of person giving information		Thomas Bratton		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Consumption				How long	6 months
	Immediate	Exhaustion				How long	10 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. A. Long
					Address		35 E. Palmyra St.
Accident or Suicide?							





Name  
in  
Full

Virginia L. Brightwell

CERTIFICATE OF DEATH

Town

County

Died at *Fredericks**Fredericks*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1906**12**30*

Age

*—**1**4*

Sex

*Female*Color or  
Race*White*Birth-  
place*City*

Occupation

*—*Where Residing If not  
at place of death*Same*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*Geno Brightwell*Fether's  
Birthplace*Fredericks Md*Mother's  
Maiden Name*Mary E. Hargett*Mother's  
Birthplace*F. Co. Md*Name of person giving  
In formation*Geno Brightwell*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Marasmus*

How long

*30 days*

Immediate

*Cardiac Paralysis*

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Frank Hedges  
Fredericks*

Accident or Suicide?

*—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Dr. Hedg's  
Met. Olivet, Cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sallie M Butts		Town		County		MARYLAND	
Died on Metropolitan R.R.							
Date of death	1906	Month	Dec	Day	30	Years	30
Sex	Female	Color or Race	white	Birth-place	Middlebrook	Months	—
Occupation	House wife	Where Residing if not at place of death	Temporarily in DC				
Married, Single or Widowed	Married	Name of <del>Wife</del> or Husband	J. Frank Butts				
Father's Name	Daniel Kepler				Father's Birthplace	Middlebrook Md	
Mother's Maiden Name					Mother's Birthplace	" "	
Name of person giving information	J. Marshall Teeter				How related to deceased	Not	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Killed in R. R. Collision		How long	166
Immediate	Killed in R. R. Collision		How long	instantaneous
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indueen</i> <sup>Town</sup>		<i>Indueen</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i> <sup>Month</sup>	<i>Dec</i> <sup>Day</sup>	<i>27</i> <sup>Years</sup>	<i>87</i> <sup>Months</sup>	<i>6</i> <sup>Days</sup>
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Occupation	<i>Grand Minister</i>		Where Residing If not at place of death		
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband <i>Sarah Goodlow</i>		
Father's Name	<i>Wm. Curren</i>			Father's Birthplace	<i>Glasgow Del.</i>
Mother's Maiden Name	<i>Mary M. Muccliss</i>			Mother's Birthplace	<i>Philadelphia Pa.</i>
Name of person giving information	<i>Mrs Ed. McKim</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

Primary	<i>General debility from age</i>	How long	<i>Gradual.</i>
Immediate	<i>Apoplexy - pneumonia</i>	How long	<i>Six days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. B. Johnson</i>
		Address	<i>Indueen Md.</i>
Accident or Suicide?			



Name  
In  
Full

Crummett, Willard

Willard Crummett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Frederick</b> Town		<b>Frederick</b> County		MARYLAND	
Date of death <b>1906</b>	Month <b>12</b>	Day <b>5</b>	Age <b>10</b>	Years <b>10</b>	Months <b>10</b>
Sex <b>Male</b>		Color or Race <b>Caucasian</b>		Birth-place <b>Frederick Md</b>	
Occupation <b></b>			Where Residing if not at place of death <b></b>		
Married, Single or Widowed <b></b>			Name of Wife or Husband <b></b>		
Father's Name <b>Albert Crummett</b>			Father's Birthplace <b>Frederick Co Md</b>		
Mother's Maiden Name <b>May Creager</b>			Mother's Birthplace <b>" "</b>		
Name of person giving information <b>Albert Crummett</b>			How related to deceased <b>Father</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Injury to Head</b>	How long <b>9 days</b>
Immediate <b>Tetanus.</b>	How long <b>3 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W. P. Fahrney Md</b>
	Address <b>Frederick Md.</b>
Accident or Suicide? <b>Accident</b>	





Name  
in  
Full

Pauline Damer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

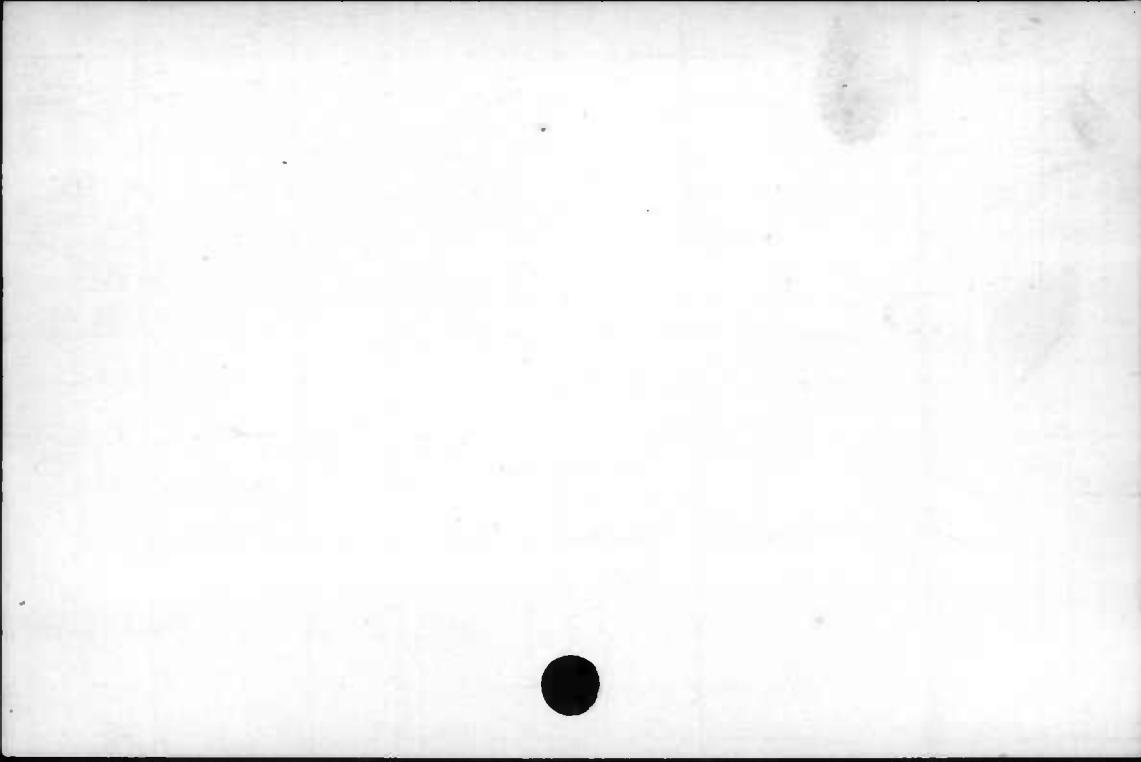
Died at		Town Jypson		County Frederick		MARYLAND	
Date of death		1906	Month Dec	Day 22	Age —	Years —	Months —
Sex Female		Color or Race White		Birth-place Frederick C.			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Joseph W. Damer				Father's Birthplace Frederick C.			
Mother's Maiden Name Alice E. Hines				Mother's Birthplace .. X			
Name of person giving information J. W. Damer				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Asphyxia heartorum.	How long	S
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Y		Address Jypson	
Accident or Suicide?			

Presumed by  
Chief Constable



Name  
in  
Full

Thomas I. Doves

## CERTIFICATE OF DEATH

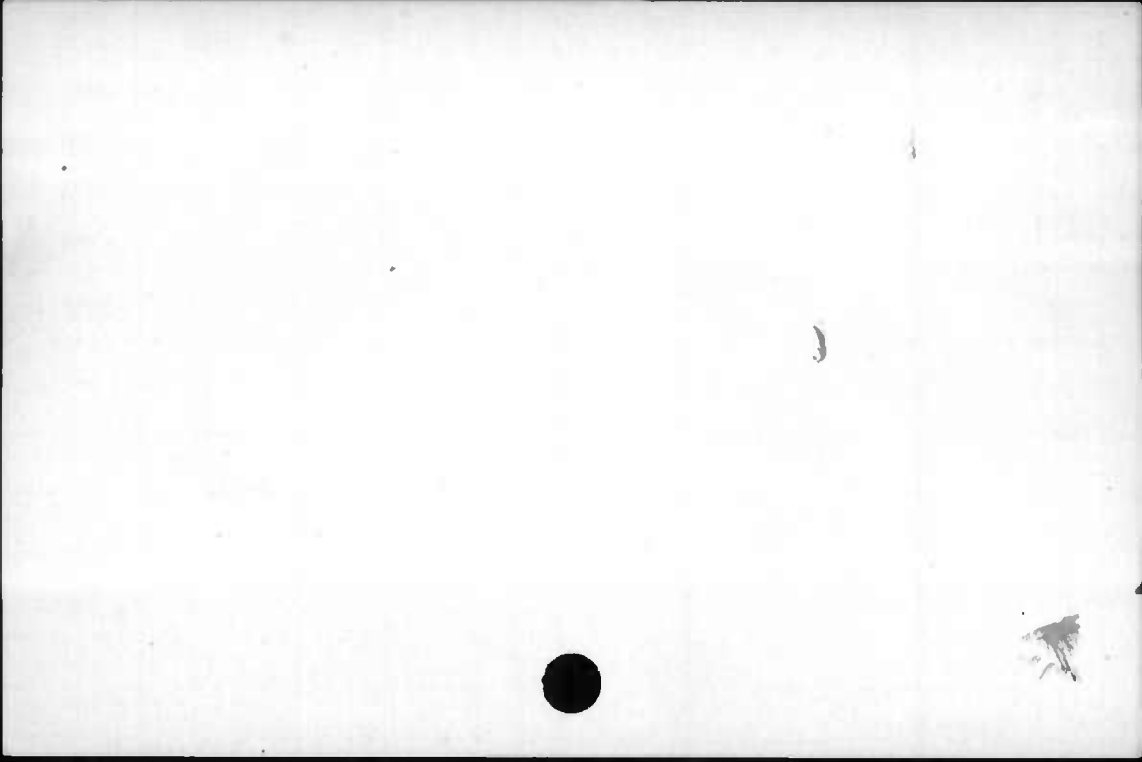
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Middletown		County Frederick		MARYLAND	
Date of death	1906	Month Dec	Day 21	Age	Years 75	Months 3	Days 27
Sex	Male		Color or Race	White		Birth- place	Pennsylvania
Occupation	Pin smith			Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband				
Father's Name	John Doves					Father's Birthplace	Pennsylvania
Mother's Maiden Name	Mary Gordon					Mother's Birthplace	England
Name of person giving In formation						How related to deceased	

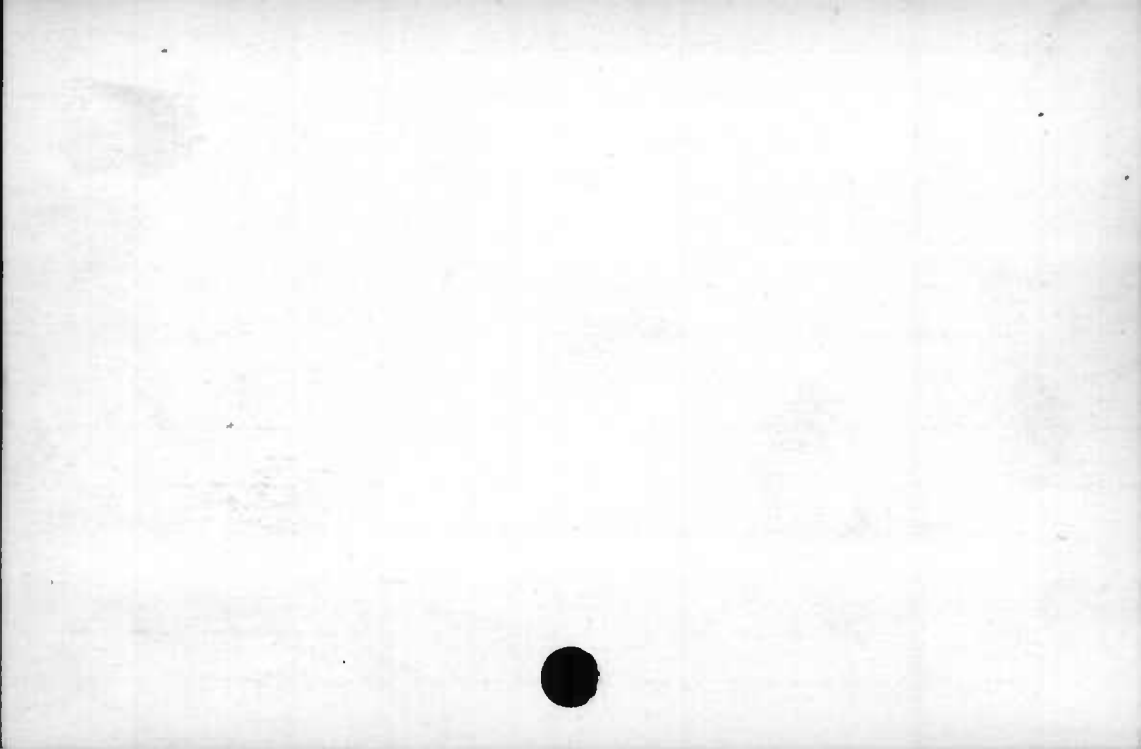
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Sclerosis of Arteries	How long	Unknown
Immediate	Rupture of Coronary Arteries	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. L. Beckley
		Address	Middletown
Accident or Suicide?			Ind



Name in Full <b>Joseph Donner</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <b>Gifferson</b> County <b>Frederick</b>		MARYLAND
	Date of death <b>1906</b>	Month <b>Dec</b> Day <b>31</b>	Age <b>5</b> Years <b>9</b> Months <b>9</b> Days
	Sex <b>male</b>	Color or Race <b>White</b>	Birth-place <b>Frederick, Md.</b>
	Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>
	Married, Single or Widowed <b>—</b>	Name of Wife or Husband <b>—</b>	
	Father's Name <b>Joseph W. Donner</b>	Father's Birthplace <b>Frederick, Md.</b>	
Mother's Maiden Name <b>Alice E. Hines</b>	Mother's Birthplace <b>"</b>		
Name of person giving information <b>J. W. Donner</b>	How related to deceased <b>father</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Pneumonia Bacteria</b>	How long <b>15 days</b>	
	Immediate <b>Asphyxia 2</b>	How long <b>9 days</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>L. W. R. C.</b>	
		Address <b>Gifferson, Md.</b>	
	Accident or Suicide? <b>—</b>		



Name  
in  
Full

Emma Jane Butcher

## CERTIFICATE OF DEATH

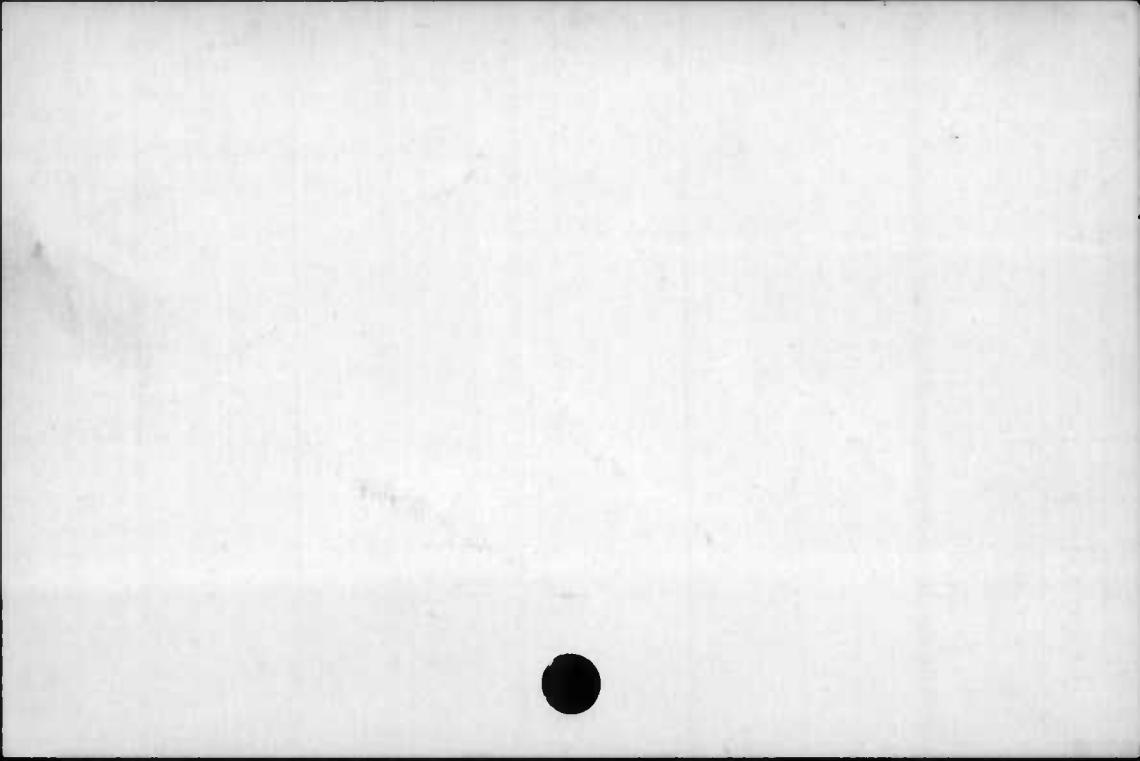
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <sup>Town</sup> <i>Thurmont</i> <sup>County</sup> <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>22</i>	Age <i>56</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>	Months <i>6</i> Days <i>21</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death _____		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Jeremiah Butcher</i>		
Father's Name <i>Jacob Crick</i>	Father's Birthplace _____		
Mother's Maiden Name <i>Elizabeth Meldrum</i>	Mother's Birthplace _____		
Name of person giving information <i>Jeremiah Butcher</i>	How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James R. Walter M.D.</i>
	Address <i>Thurmont - md</i>
Accident or Suicide?	





Name  
in  
Full

Wilbur Henry Duwall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>24</i>		Age <i>54</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Frederick Co., Md.</i>		Months <i>3</i> Days <i>25</i>	
Occupation <i>Bank Cashier</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lola Duwall</i>					
Father's Name <i>Benj. W. Duwall</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Annie Eichelberger</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Lola Duwall</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Atherosclerosis - Angina Pectoris</i>	How long	<i>Some years</i>
---------	--	----------	-------------------

Immediate

*Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

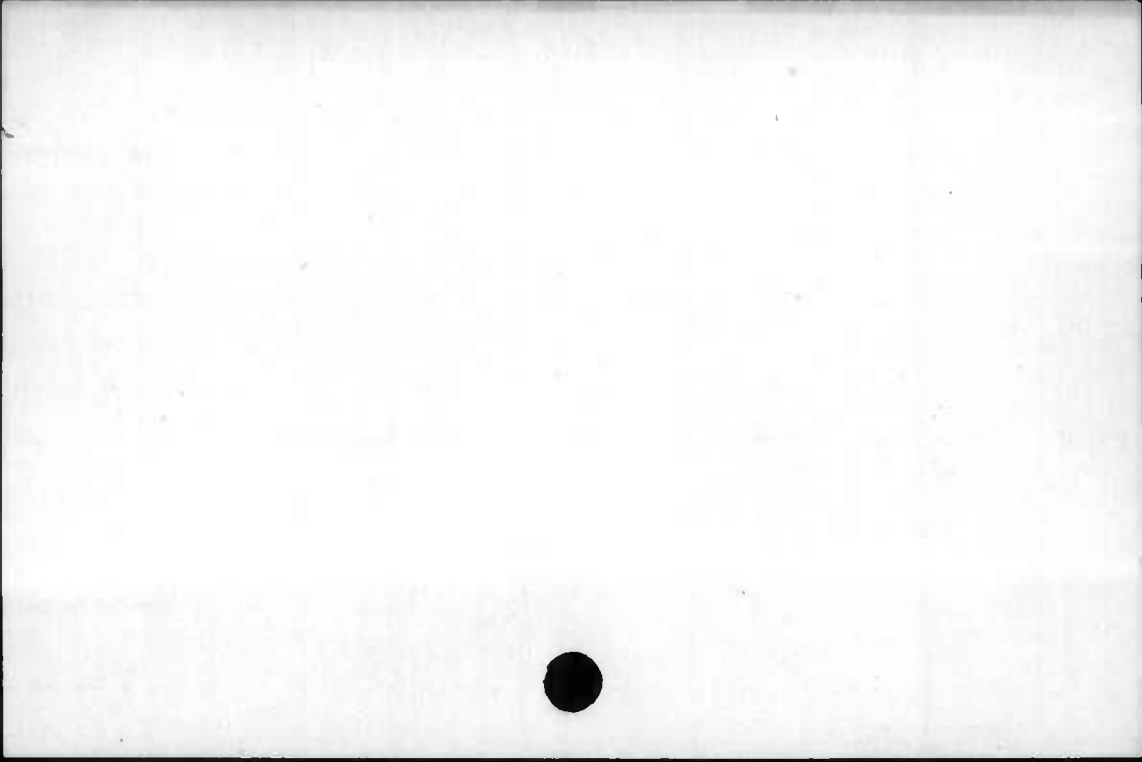
*Yes*

Signature of Physician

Address

*J. O. Hendrix, M.D.*  
*Frederick, Md.*

Accident or Suicide?



Name  
In  
Full

Infant, (Eyles)  
County, Frederick

CERTIFICATE OF DEATH

MARYLAND

Died at Four Points Town

Date of death 1906 Dec -

Day 28

Age — Years

Months —

Days 12

Sex Female

Color or Race White

Birth-place Four Points

Occupation None

Where Residing if not at place of death —

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Almon Benj Eyles

Father's Birthplace Fredk Co. Md

Mother's Maiden Name Lou Myrtle Mont-

Mother's Birthplace Fredk Co. "

Name of person giving information Jm Clute -

How related to deceased None

CAUSES OF DEATH

Primary Infantile unknown

How long 12 days

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes.

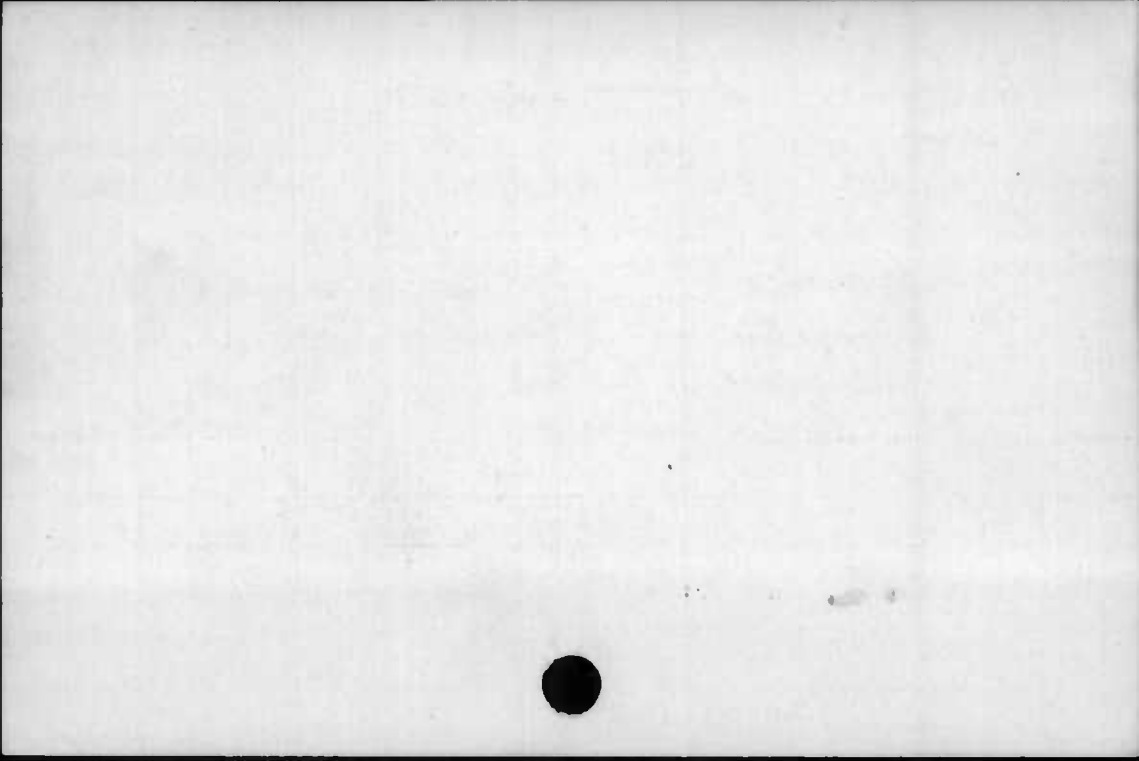
Signature of Physician C. N. Diller

Address Detour, Maryland -

Accident or Suicide? —

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name In Full <b>John O. Fleming</b>		Town <b>Frederick</b>		County <b>Frederick</b>		CERTIFICATE OF DEATH	
Died at <b>Frederick</b>		State <b>MARYLAND</b>					
Date of death <b>1906</b>		Month <b>12</b>	Day <b>6</b>	Age <b>30</b>	Years <b>2</b>	Months <b>6</b>	Days <b>6</b>
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>St. Geo. Md.</b>			
Occupation <b>Tailor</b>		Where Residing if not at place of death <b>Same</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Nellie Esterly</b>					
Father's Name <b>Charles F. Fleming</b>		Father's Birthplace <b>City</b>					
Mother's Maiden Name <b>Susan Ellis</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>Neos Fleming</b>		How related to deceased <b>Mother</b>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="position: relative; height: 100px;"> <span style="position: absolute; top: 0; right: 0; font-size: 40px;">A</span> </div>							
Primary Cause <b>Pulmonary Tuberculosis</b>		How long <b>Two years</b>					
Immediate Cause <b>General Asthenia</b>		How long <b>—</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. O. Needles M.D.</b>		Address <b>Frederick, Md.</b>			
Accident or Suicide? <b>—</b>							



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i> Town			County <i>Frederick</i>			MARYLAND	
		Date of death <i>1906</i>	Month <i>12</i>	Day <i>10</i>	Age <i>86</i>	Years	Months <i>9</i>	Days <i>17</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Middleton Ind.</i>			
		Occupation <i>Amk.</i>			Where Residing if not at place of death <i>301 S Market St.</i>				
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Grafton Fort.</i>					
		Father's Name <i>Jacob Gross</i>				Father's Birthplace <i>Middleton</i>			
		Mother's Maiden Name <i>Elisia Michael</i>				Mother's Birthplace <i>Burkettsville Mich</i>			
PHYSICIAN OR CORONER		Name of person giving information <i>H. F. Legendammer</i>		How related to deceased <i>Grandson</i>					
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>General Debility</i>		How long <i>15 1/2</i> <i>5 years</i>					
		Immediate <i>Exhaustion</i>		How long <i>4 weeks</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>H. F. Legendammer MD</i>					
				Address <i>301 S Market St.</i>					
		<del>Accident</del> <i>Suicide</i>							

Out letter

12-1-06



Name  
in  
Full

Illegitimate infant Hall.

## CERTIFICATE OF DEATH

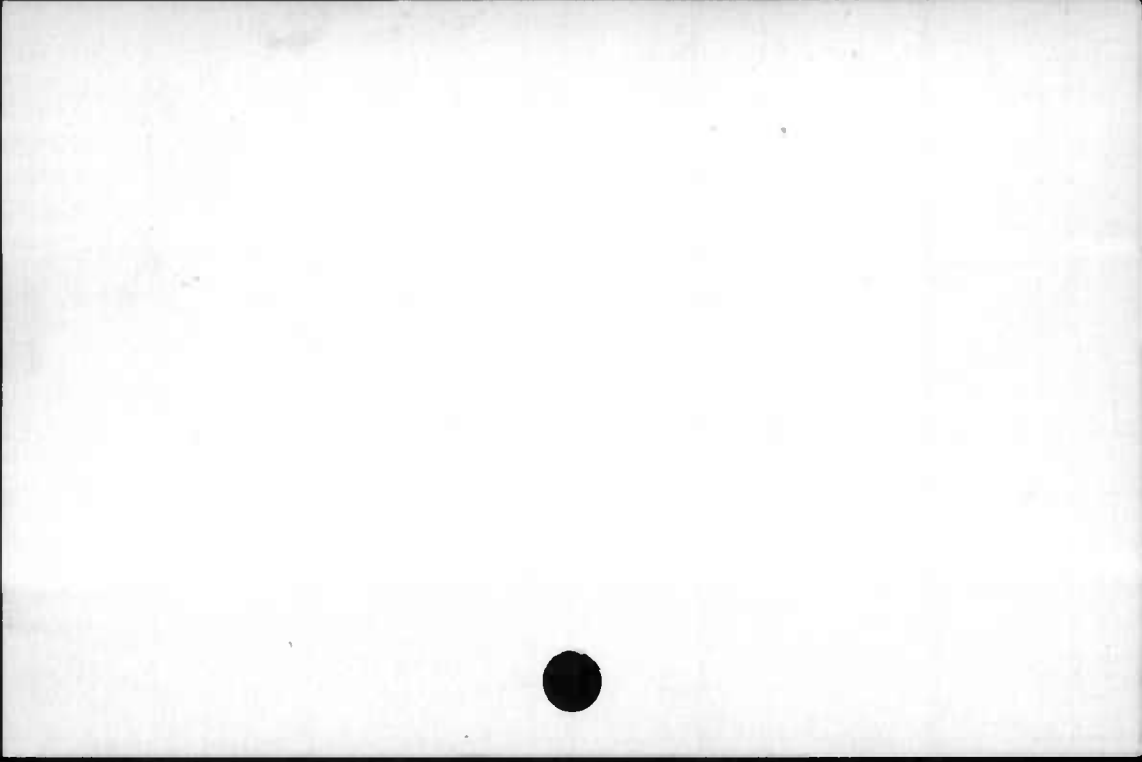
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leicester</i> <sup>Town</sup>		<i>Leicester</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	12	Day	24
Sex <i>Female</i>		Color or Race <i>Colored</i>		Age	Years
Occupation		Birth-place		Months	Days
Where Residing if not at place of death		<i>Ind</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Illegitimate</i>		Father's Birthplace			
Mother's Maiden Name <i>Carrie Hall</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>M<sup>r</sup> Hall</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>151</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Miller</i>	
		Address	
Accident or Suicide?			



Name  
in  
Full

Anna Savilla Harshman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harmony</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 1906	Month <i>12<sup>th</sup></i>	Day <i>15<sup>th</sup></i>	Age <i>71</i> Years	Months <i>6</i>	Days <i>22</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife</i>			
Name of <del>Wife</del> Husband <i>George C. Harshman</i>					
Father's Name <i>Frederick Bises</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Hefsey L. Bises</i>				Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>May E. Summers</i>				How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	<i>64</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ralph Barber</i>	Address <i>Myersville, Md.</i>
Accident or Suicide?		



Name  
in  
Full

Helen C. Hedges

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Middletown		County Frederick		MARYLAND	
Date of death	1906	Month Dec	Day 2	Age Years	7	Months 11	Days 23
Sex	Female		Color or Race	White		Birth- place	Md
Occupation	Student			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Leslie M. Hedges					Father's Birthplace	Md
Mother's Maiden Name	Lottie Eubendanner					Mother's Birthplace	Md
Name of person giving In formation	Marshall Ferte					How related to deceased	Niece

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	10 days
Immediate	Heart failure		How long	few hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. C. Lamm
			Address	Middletown Md
Accident or Suicide?	No			



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Eck Hood

Town

Woodville

County

Frederick

MARYLAND

Died at

Date

of death 1906

Month

Dec

Day

21

Age

Years

62

Months

3

Days

Sex

~~White female~~Color or  
Race

White

Birth-  
place

Montgomery

Occupation

Housewife

Where Residing if not  
at place of death

Woodville

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Widow of Gasaway Hood

Father's  
Name

Owen Brown

Father's  
Birthplace

unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

"

Name of person giving  
information

L. T. Lewis

How related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

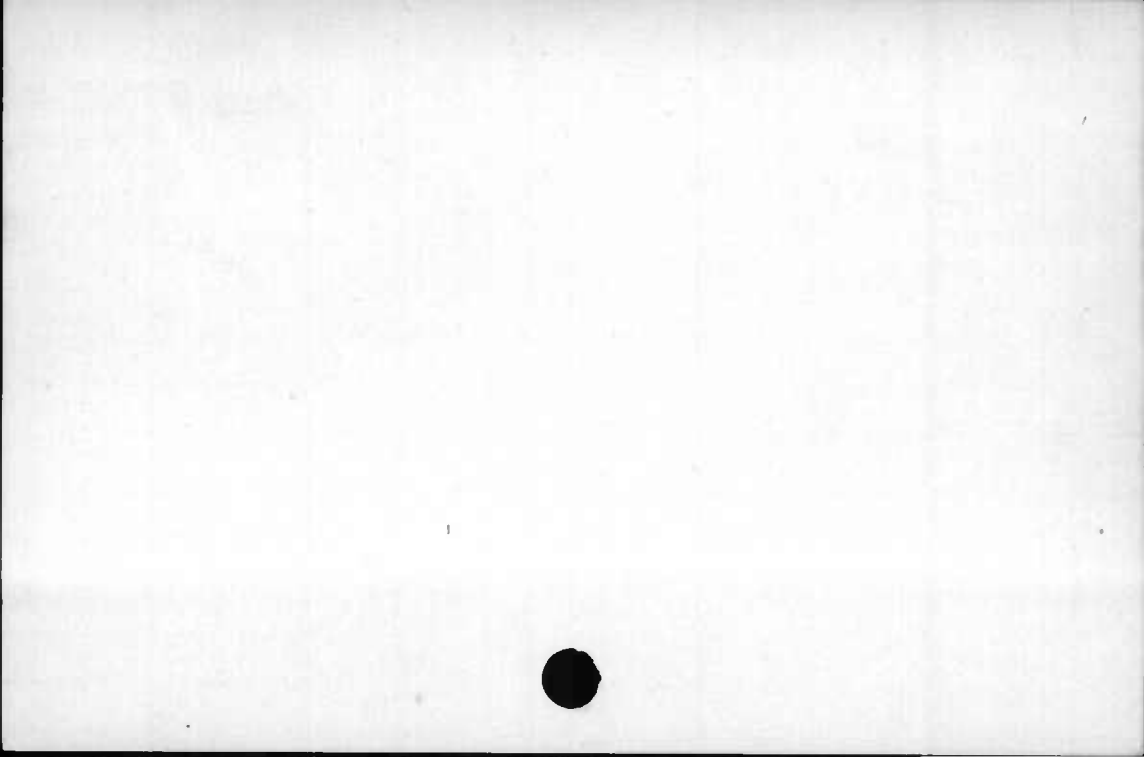
Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Accident or Suicide?





Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ann Maria Johnson  
 Died at *Harmony* Town *Frederick* County  
 Date of death 190*6* Month *12th* Day *23d.* Age *65* Years Months *4* Days *28*  
 Sex *female* Color or Race *White* Birthplace *Maryland*  
 Married, Single or Widowed *Widowed* Occupation *Housewife*  
 Name of ~~wife~~ *or* Husband *Martin Van Buren Johnson*  
 Father's Name *John Baker* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Nancy Moses* Mother's Birthplace *Maryland*  
 Name of person giving information *Ezra Baker* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *La Grippe* How long *2 weeks*  
 Immediate *Apoplexy* How long *3 days*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ralph Bauman*  
 Address *Marysville, Md.*  
 Accident or Suicide? *No*



Name  
in  
Full

Mrs. Emma Johnson.

CERTIFICATE OF DEATH

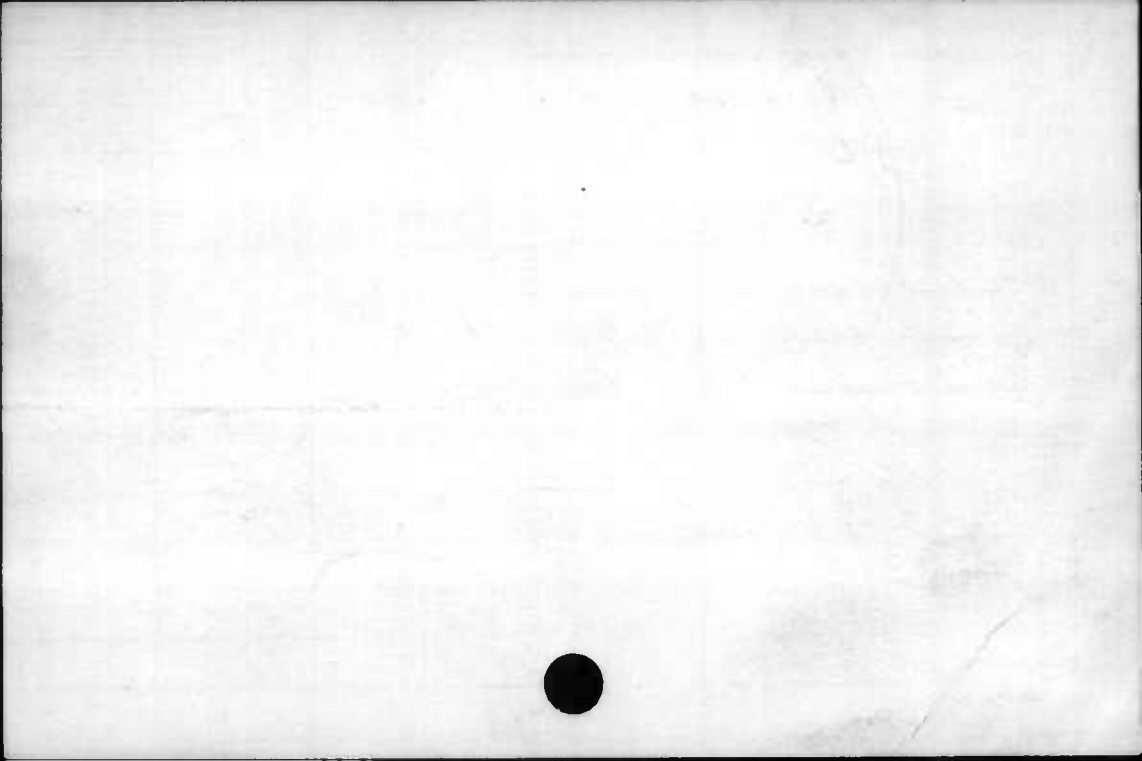
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Woodboro,</i>		Town <i>Ind.</i>		County		MARYLAND	
Date of death	1906	Month	12	Day	1	Age	59
Sex	Female	Color or Race	White	Years	6	Months	2
Occupation	Housewife	Birthplace	Frederick Co.	Where Residing if not at place of death			
Married, <del>or</del> Widowed	Married	Name of Wife or Husband	Thomas Johnson				
Father's Name	Abraham Thomas	Father's Birthplace	Jefferson Co. Va.				
Mother's Maiden Name	Catharine Rhoads	Mother's Birthplace	Frederick Co. Md.				
Name of person giving information	B. F. Thomas	How related to deceased	Brother.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Ex Ophthalmic <i>Goutte</i>	How long	Three Years
Immediate	Ascites	How long	Two Years
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>M. H. Stagle</i>
		Address	Woodboro
Accident or Suicide?			<i>Md.</i>



Name  
In  
Full

Joseph Jones

12/10/11

CERTIFICATE OF DEATH

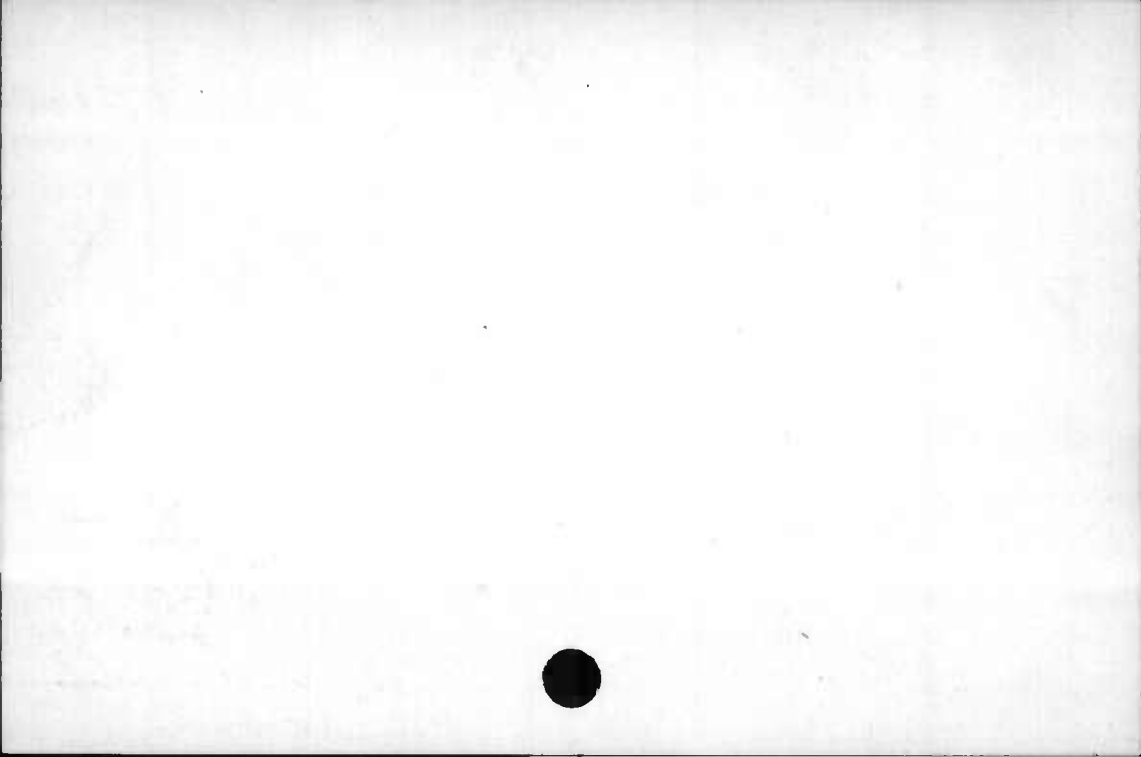
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town		County		MARYLAND	
Date of death	1906	Month	12	Day	25	Age	—
Sex	Male	Color or Race	Black	Birthplace	City	Months	—
Occupation	—			Where Residing if not at place of death	Same		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Joseph Jones			Father's Birthplace	F. Co. Md		
Mother's Maiden Name	Fresie Hill			Mother's Birthplace	City		
Name of person giving information	Mrs. Hill			How related to deceased	Grand Mother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Primate Birth</i>	How long	—
Immediate	<i>Exhaustion</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Mary Hill</i>
yes		Address	<i>Midwife</i>
—		—	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

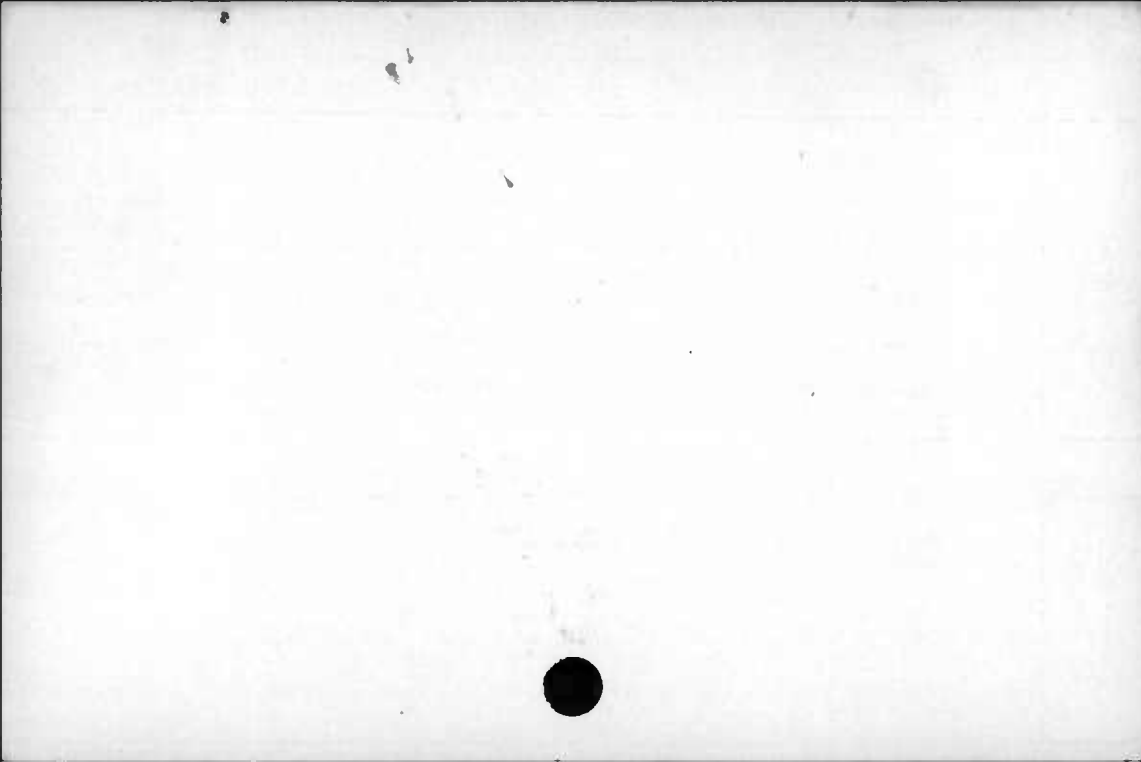
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town, <i>Frederick</i> County, <i>MARYLAND</i>	
Date of death <i>1906</i> Month <i>12</i> Day <i>25</i> Age <i>2 yrs.</i> Years <i>2</i> Months <i>0</i> Days <i>0</i>	
Sex <i>Male</i> Color or Race <i>Colored</i> Birth-place <i>Frederick</i>	
Occupation <i></i> Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i>Single</i> Name of Wife or Husband <i></i>	
Father's Name <i>Joseph Jones</i> Father's Birthplace <i></i>	
Mother's Maiden Name <i>Tracie Hill</i> Mother's Birthplace <i></i>	
Name of person giving information <i></i> How related to deceased <i></i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i> How long <i></i>
Immediate <i>Exhaustion</i> How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>
Signature of Physician <i>Dr. S. F. Thomas, H. C.</i>
Address <i>Frederick, Md.</i>
Accident or Suicide? <i></i>





Name in Full		Town				County		MAYLAND			
J. King		Morse		Morse		Morse		Morse		Morse	
Died at		Date of death		Month		Day		Years		Months	
1906		Dec.		18		Age		2		22	
Sex		Color or Race		Birth-place		Occupation		Where Residing if not at place of death		Morse Ind.	
Male		White		Morse Ind.		Infant		Morse Ind.			
Married, Single or Widowed		Name of Wife or Husband									
Father's Name		Father's Birthplace		J. King		Morse Ind.					
Mother's Maiden Name		Mother's Birthplace		Morse Ind.		"		"			
Name of person giving information		How related to deceased		H. King		No relation					
CAUSES OF DEATH											
Primary		How long		Measels		6 days					
Immediate		How long		Broncho Pneumonia		4 hours					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		Frank Hedges		Frederick		Ind.	
Accident or Suicide?											



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Krouse</i>		State <i>MARYLAND</i>	
Date of death		Month <i>Dec.</i>	Day <i>27th</i>	Age <i>2 1/2</i>	Years	Month	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Krouse</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>May Sumner</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Joe Crowe</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Miscarriage</i>	How long
Immediate	<i>Still Born</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank Heder</i>
		Address <i>Frederick</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thurmont</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1906	Month	<i>Dec</i>	Day	<i>1</i>
Age	<i>69</i>	Years	<i>3</i>	Months	<i>1</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Carroll Co. Md.</i>
Occupation	<i>Teacher</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Harriet A. Torman</i>		
Father's Name	<i>Geo. Landers</i>		Father's Birthplace	<i>Scotland</i>	
Mother's Maiden Name	<i>Sophia Carmack</i>		Mother's Birthplace	<i>Carroll Co. Md.</i>	
Name of person giving information	<i>Mrs. Key. Groff</i>		How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Disease of Heart &amp; Dilatation</i>	How long	<i>3 years</i>
Immediate	<i>Edema of Lungs &amp; Brain &amp; Uremia</i>	How long	<i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. C. Torman</i>
		Address	<i>Thurmont, Md.</i>
Accident or Suicide?	<i>—</i>		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Monticello</i>		Town <i>Frederick</i>		County <i>Frederick</i>
	Date of death <i>1906</i>		Month <i>Dec</i>	Day <i>13</i>	Age <i>84</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name		Father's Birthplace <i>+</i>		
	Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>+</i>		
Name of person giving information <i>Nurse H. M. Shook</i>		How related to deceased <i>+</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>General debility</i>		How long <i>179</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Lyson</i>		
			Address <i>Frederick Md</i>		
Accident or Suicide?					





Name  
in  
Full

Sarah A R Lyons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>"</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>16</i>	Age <i>75</i>	Months <i>1</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>H.W.</i>	Where Residing if not at place of death <i>X</i>				
<del>Married, Single or Widowed</del>	Name of Wife or Husband <i>James W. Lyons</i>				
Father's Name <i>William C. Lyons</i>	Fathar's Birthplace <i>MD Va</i>				
Mother's Maiden Name <i>Margaret Strafer</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Carrie McElroy</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sciuitly</i>	How long <i>1 Year</i>
Immediate <i>Exhaustion</i>	How long <i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Gooden md</i>
	Address <i>Frederick</i>
Accident or Suicide? <i>No</i>	<i>md</i>

*The Great*



Name  
in  
Full

*George M McDauell*

CERTIFICATE OF DEATH

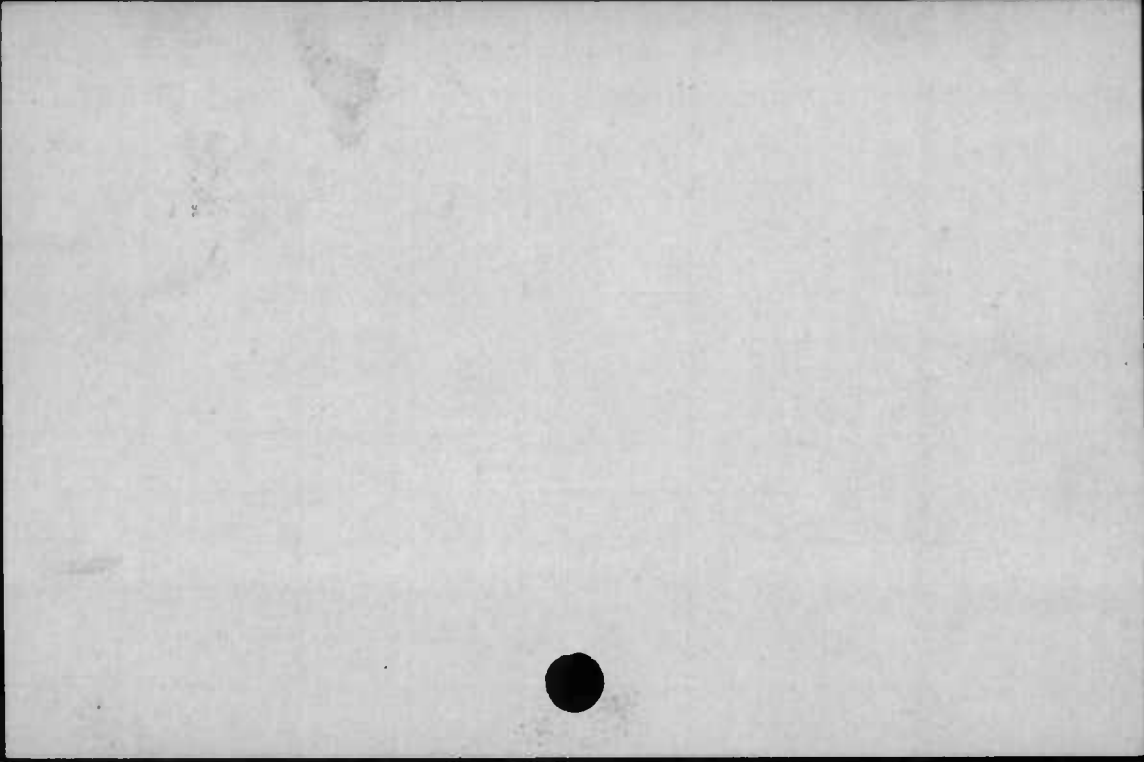
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Knoxville</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>24</i>	Age <i>60</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Fredrick.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>near home</i>						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband						
Father's Name	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 40px; margin: 0;">19</div> </div>			Father's Birthplace <i>md.</i>			
Mother's Maiden Name				Mother's Birthplace <i>md.</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 40px; margin: 0;">M</div> </div>	How long <i>3 years</i>
Immediate <i>acute indigestion</i>		How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Hedges</i>	Address <i>Brunswick Ma</i>
Accident or Suicide?		



Name  
in  
Full

Samuel S. Ohler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Near Emmitsburg</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12<sup>th</sup></i>	Day <i>20<sup>th</sup></i>	Age <i>86</i>	Years <i>86</i>	Months <i>11</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Emmitsburg Dist. Frederick Co. Md</i>				
Occupation <i>Farmer</i>			Where Residing If not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Susan Anna Rowe</i>					
Father's Name <i>George Ohler</i>				Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>Rosanna Ott</i>				Mother's Birthplace <i>Emmitsburg Dist. Frederick Co. Md</i>			
Name of person giving information <i>Ida S. Gillelan</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sensitivity General Debility</i>	How long <i>Several Years</i>
<i>Asthenia</i>	How long <i>15X</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Michaelberger</i>
	Address <i>Emmitsburg Maryland</i>
Accident or Suicide?	



Name  
in  
Full

Richard Palmer

## CERTIFICATE OF DEATH

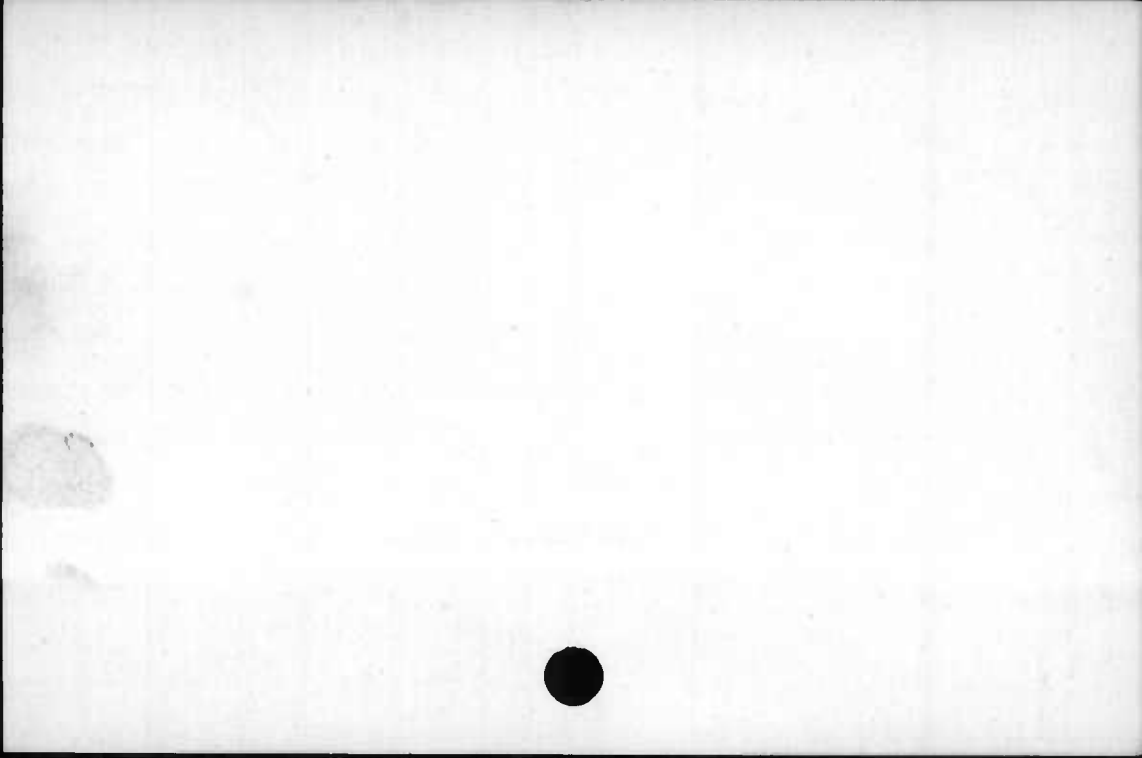
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montrose Hospital</i>		Town <i>Fredrick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>December</i>	Day <i>15<sup>th</sup></i>	Age <i>28</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Fredrick.</i>				
Occupation <i>Lebanon</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace <i>T</i>			
Mother's Maiden Name				Mother's Birthplace <i>T</i>			
Name of person giving information <i>Mrs. H. M. Shook</i>				How related to deceased <i>T</i>			

## CAUSES OF DEATH

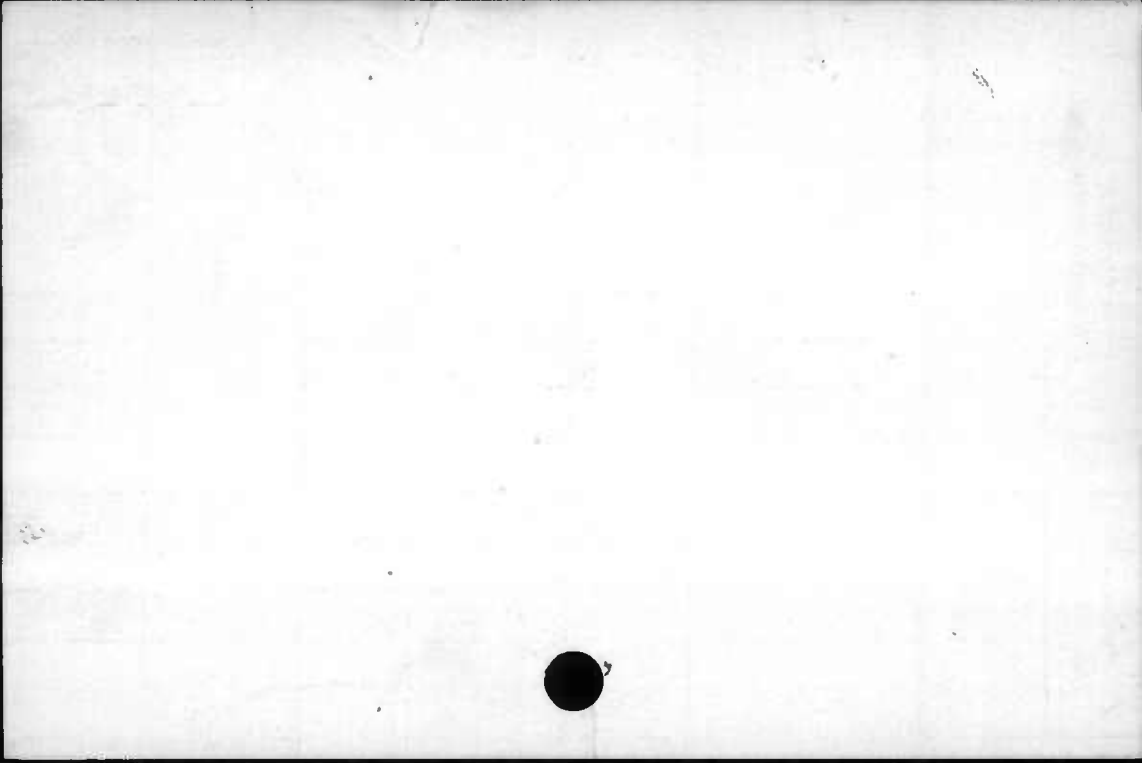
PHYSICIAN  
OR CORONER

Primary <i>Genil Military Tuberculosis</i>	How long <i>- 1 year.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. L. Lyson</i>
	Address <i>Fredrick, Md.</i>
Accident or Suicide?	





Name Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sabillasville</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>	
		Date of death <u>1906</u> <u>Dec</u> <u>23</u>		Age <u>      </u> <sup>Years</sup> <u>      </u> <sup>Months</sup> <u>14</u> <sup>Days</sup>	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>      </u>		Birth-place <u>Sabillasville Md</u>	
		Where Residing if not at place of death <u>At place of death</u>			
		Married, Single or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>	
		Father's Name <u>George Poffinberger</u>		Father's Birthplace <u>Frederick Co. Md</u>	
Mother's Maiden Name <u>Elizabeth E. Rutzahn</u>		Mother's Birthplace <u>Myersville</u>			
Name of person giving information <u>      </u>		How related to deceased <u>      </u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Bronchitis &amp; Colitis</u>		How long <u>2 weeks</u>	
		Immediate <u>Capillary Bronchitis</u>		How long <u>4 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>      </u>		Signature of Physician <u>E. L. Wachter</u>	
		Address <u>Sabillasville</u>			
Accident or Suicide? <u>      </u>		<u>Maryland</u>			



Name  
in  
Full

John Wratly Porter

## CERTIFICATE OF DEATH

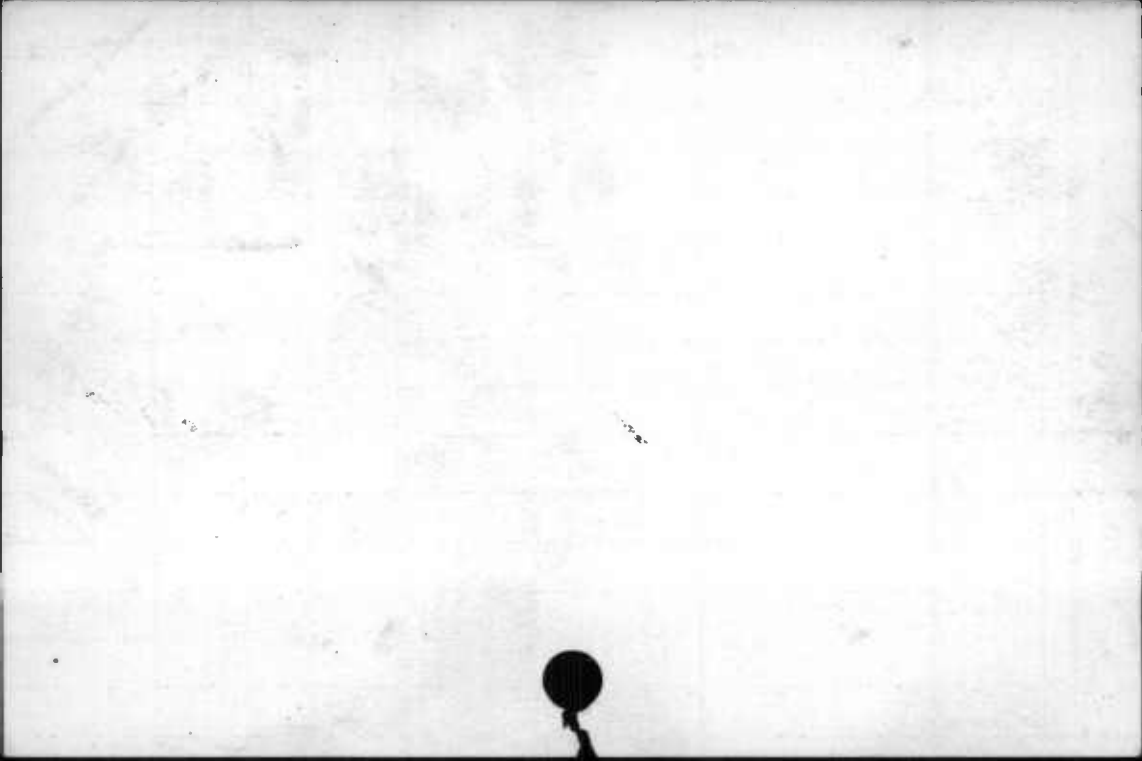
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Bedford		MARYLAND	
Date of death	1906	Month Dec	Day 10	Years 66	Months 11	Days 11	
Sex	Male		Color or Race	white		Birth-place	md
Occupation	Ex Postmaster			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or <del>Husband</del>	Leah Louise Porter			
Father's Name	Phillip Porter				Father's Birthplace		
Mother's Maiden Name	Mary Leatherwood				Mother's Birthplace		
Name of person giving information	William Porter				How related to deceased		son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	2 yrs
Immediate	Central Hemorrhage	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. L. Horine	
		Address Brunswick md	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Brunswick</i>		Town <i>Fredrick</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>12</i>	Day <i>2</i>	Age	Years	Months	Days <i>8 hours</i>
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>near Brunswick</i>		
	Occupation <i>Infant</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband				
	Father's Name <i>John Rayhack</i>				Father's Birthplace <i>Hungary</i>		
	Mother's Maiden Name <i>Mary Rayhack</i>				Mother's Birthplace <i>Hungary</i>		
	Name of person giving information <i>John Rayhack</i>				How related to deceased <i>Father</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Premature birth</i>		How long <i>151</i>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>H. Hedges M.D.</i>		
					Address <i>Brunswick Md.</i>		
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Rhodnick

Town

County

MARYLAND

Died at

Monticello

Frederick

Date

Month

Day

Years

Months

Days

of death 1904

April

13

Age

87

15-

Sex

Female

Color or  
Race

White

Birth-  
place

Middleton Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

Miss H.M. Shook

How related  
to deceased

## CAUSES OF DEATH

Primary

Genl Debility

How long

Immediate

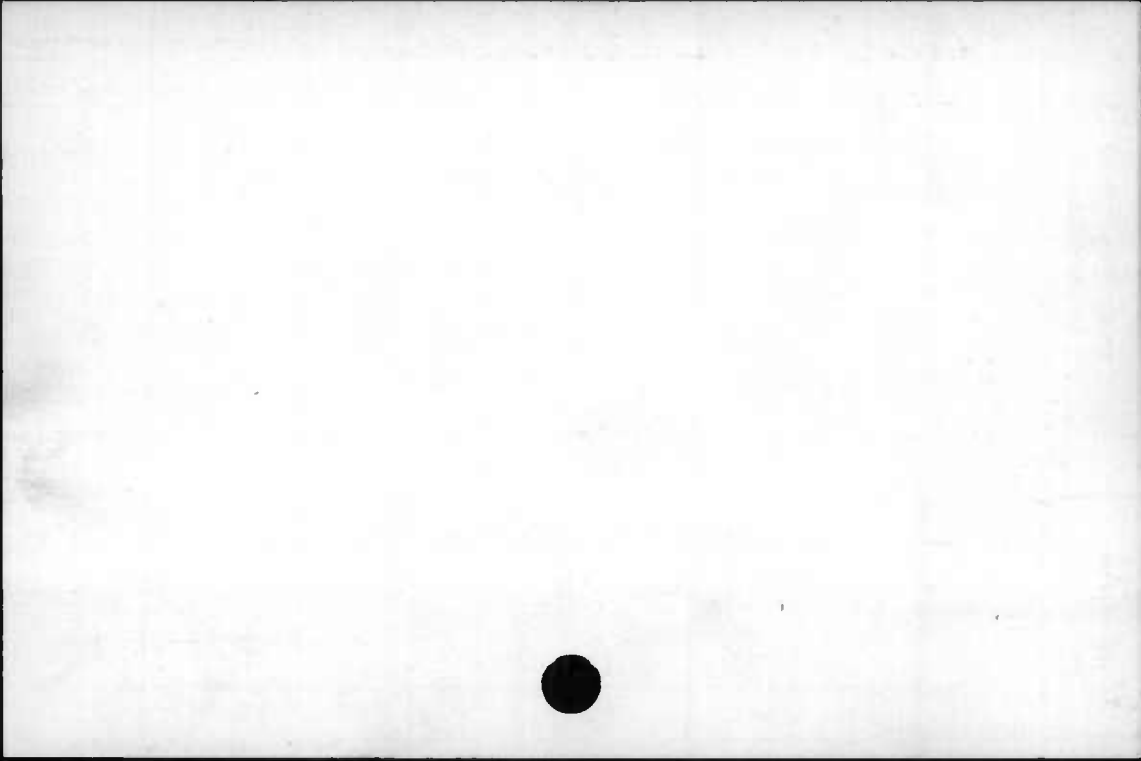
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Theodore R. Bidencour

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fredericks</u> <sup>Town</sup>		<u>Fredericks</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	12	Day	29
Age		Years		Months	Days
106		3		0	19
Sex	Male		Color or Race	White	
Occupation			Birth-place	F. L. Mod	
Where Residing if not at place of death			Same		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	H. C. Bidencour		Father's Birthplace	F. L. Mod	
Mother's Maiden Name	Emma W. Warner		Mother's Birthplace	" " "	
Name of person giving information	H. C. Bidencour		How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Hydrophobia	How long	3 years
Immediate	acute Meningitis, Measles	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank Heber	
Address		Frederick	
Accident or Suicide?		no	

Dr Hedgic's

Burial at Meyersville

Name  
in  
Full

C. L. Dancer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Brunswick* TownCounty *Frederick*Date of death *1906*Month *Dec*Day *9*Age *1*Years *1*Months *4*

Days

Sex *male*

Color or Race

*white*

Birth-place

*md*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Albert Dancer*

Father's Birthplace

*Pa*

Mother's Maiden Name

*Elsie E. Booth*

Mother's Birthplace

*md*

Name of person giving information

*Albert Dancer*

How related to deceased

*brother*

## CAUSES OF DEATH

Primary

*Broncho pneumonia*

How long

*10 days*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*Lavin West*

Address

*Brunswick  
Frederick Co*

Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

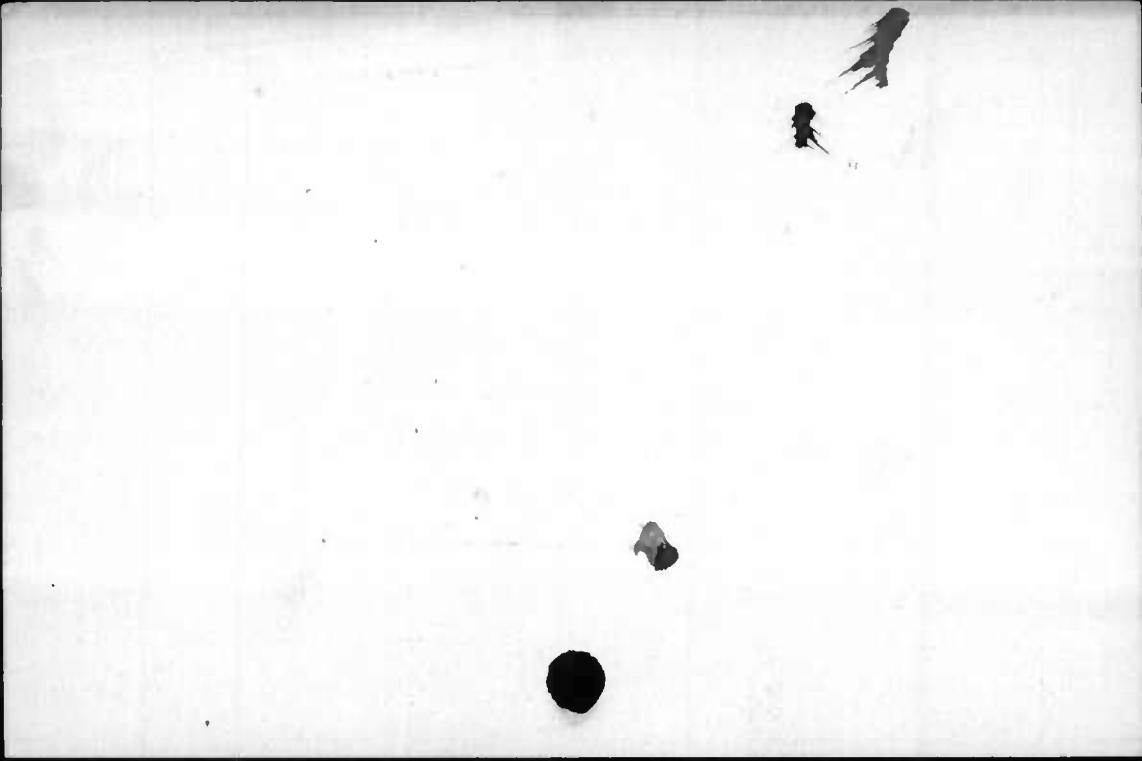
MARYLAND

Died at <u>Doub</u> <sup>Town</sup>		<u>Pied</u> <sup>County</sup>			
Date of death <u>1906</u>	<u>Dec</u> <sup>Month</sup>	<u>5</u> <sup>Day</sup>	Age <u>67</u> <sup>Years</sup>	<u>7</u> <sup>Months</sup>	<u>4</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>Retired Railroad man</u>			Where Residing if not at place of death <u>Dan</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Jane Schond</u>				
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>M. R. Etchison</u>			How related to deceased <u>Nephew</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>General Debility</u>	How long	<u>16 mos</u>
Immediate	<u>Cerebral Hemorrhage</u>	How long	<u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>T. Clyde Rountree</u>	
		Address <u>Buckeye, Louisiana</u>	
Accident or Suicide? <u>—</u>			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> Town		<i>Sebold</i> County		MARYLAND	
Date of death	1906	Month	December	Day	9
Sex <i>Female</i>		Color or Race <i>White</i>		Months	Days
Occupation <i>none</i>		Where Residing if not at place of death		Birth-place <i>Emmitsburg Md</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Peter Sebold</i>			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Jacob Topper</i>				How related to deceased <i>none</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Consumption</i>	How long <i>Two years</i>
Immediate <i>Starvation</i>	How long <i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John B. Browne, M.D.</i>
	Address <i>Emmitsburg</i>
Accident or Suicide?	





Name In Full		Sue Shealy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lewisboro Ind		Indianna County		MARYLAND
	Date of death	1906	Month	Dec	Day	9	Age 52
	Sex	Female		Color or Race	white		Birth-place
	Occupation	House wife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Jacob Bernand		Father's Birthplace		Ind	
	Mother's Maiden Name	Julia Snook		Mother's Birthplace		Ind	
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cancer of Uterus				How long	1 yr
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?							



Name

in  
Full

## CERTIFICATE OF DEATH

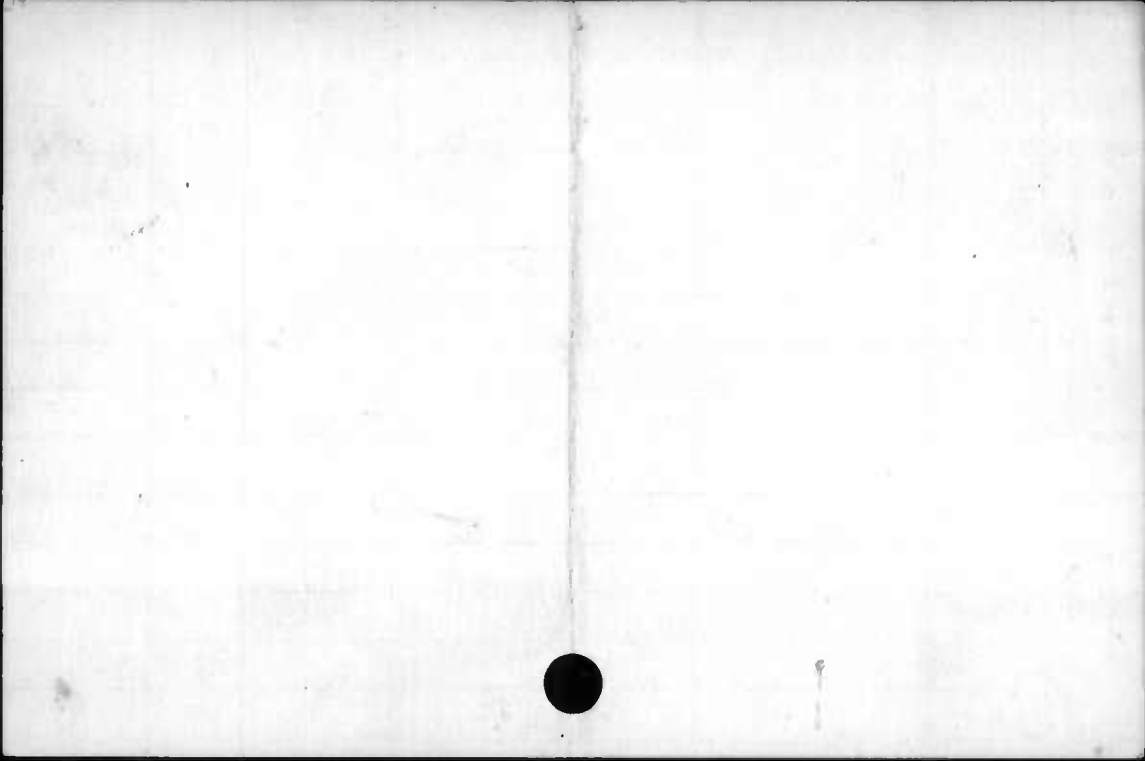
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>West Falls</i>		County <i>Howard</i>		MARYLAND	
Date of death	1906	Month	Dec	Day	7
Age		Years	8	Months	2
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>infant</i>		Birth-place	<i>West Falls</i>	
Where Residing If not at place of death			<i>at place of death</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Edward L Shipley</i>		
Mother's Maiden Name			<i>Lillie C Lowman</i>		
Name of person giving Information			<i>Edward L Shipley</i>		
Father's Birthplace			<i>Maryland</i>		
Mother's Birthplace			<i>West Falls</i>		
How related to deceased			<i>Sister</i>		

## CAUSES OF DEATH

Primary	<i>Bronchial Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>A. P. Cronk M.D.</i>	
Address		<i>West Falls</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

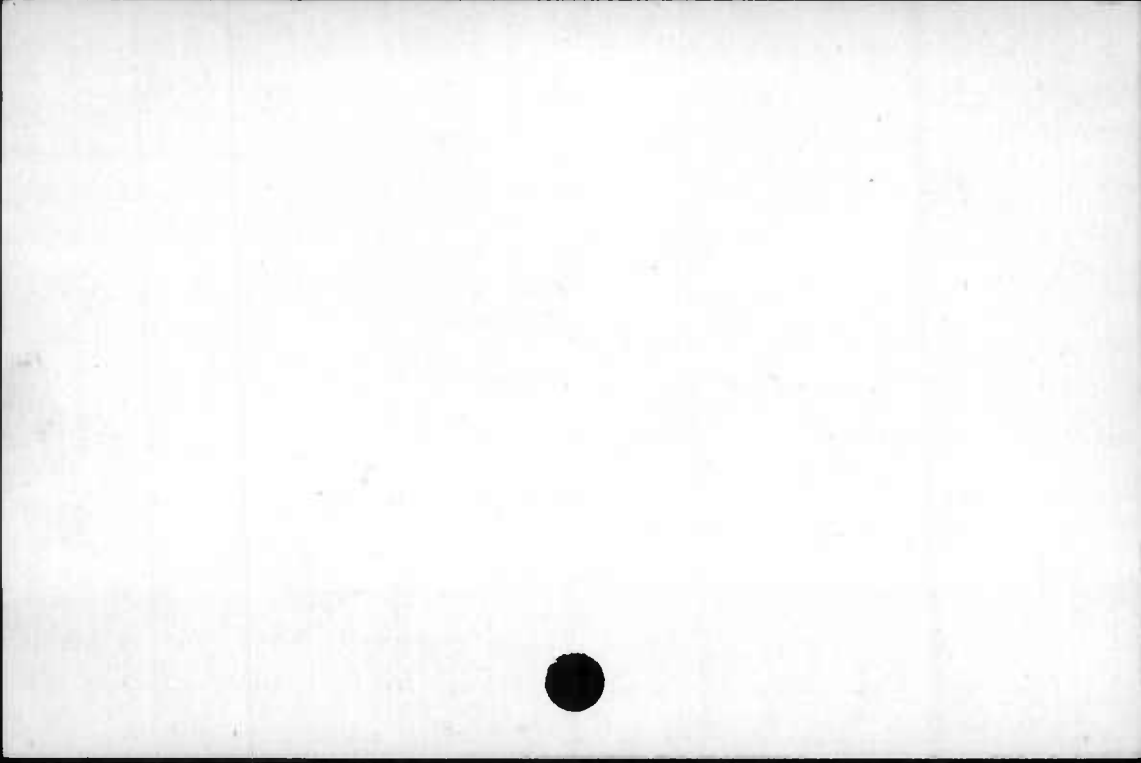
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burkittsville</i> <small>Town</small> <i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>12</i>	Age <i>28</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>	Months <i>4</i> Days <i>4</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jeremiah Smith</i>		
Father's Name <i>J. H. Evans</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sarah E. Cartmell</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>J. H. Evans</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George Fowler</i>
	Address <i>Burkittsville Maryland</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Ann Smith  
Town Frederick County

MARYLAND

Died at Near *Frederick*  
Date of death 1906 Month 12 Day 8 Age 89 Years Months 7 Days —

Sex Female Color or Race White Birthplace F. Co. Md.

Occupation House Wife Where Residing if not at place of death Same

Married, Single or Widowed Widow Name of ~~Wife~~ Husband George Elias Smith

Father's Name John Lambert. Father's Birthplace F. Co. Md.

Mother's Maiden Name Catherine Keefer. Mother's Birthplace " " "

Name of person giving information Wm. Fulmer How related to deceased Nephew

## CAUSES OF DEATH

Primary Arterio-sclerosis (81) How long 7 years

Immediate General asthenia How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. Kendrick, M.D.

Address Frederick, Md.

Accident or Suicide? —

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Rice



Name in Full		Jacob Cyrus Sponseller 28				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near J. Gansville</i>		Town <i>Frederick</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>12</i>	Day	Age <i>28</i>	Years	Months <i>9</i>	Days <i>7</i>
	Sex <i>male</i>		Color or Race <i>White</i>		Birth place <i>Frederick Co. Md.</i>		
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>				
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>May Bace</i>					
	Father's Name <i>Adam Sponseller</i>				Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>J. W. Sponseller</i>				How related to deceased <i>Son</i>		<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 40px; margin: 0 auto;">45</div>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Carcinoma of the bladder</i>				How long <i>one year</i>		
	Immediate <i>The rapid growth of the tumor interfering with organic function tissue weakened &amp; exhausted</i>				How long <i>3 months</i>		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>George H. Riggs M.D.</i>		
					Address <i>J. Gansville Md.</i>		
	Accident or Suicide? <i>No</i>						



Name  
in  
Full

Drewsilla Spurner

CERTIFICATE OF DEATH

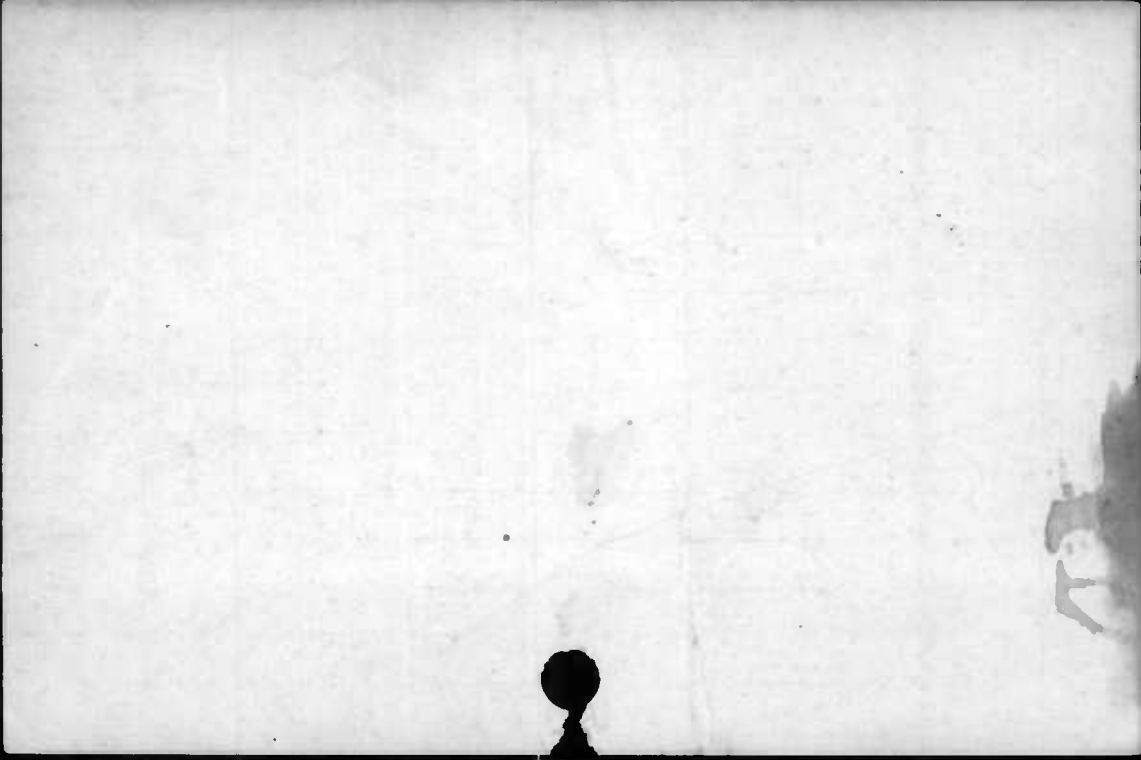
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Plant 4</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>1st</i>	Age <i>71</i>	Years	Months <i>4</i>	Days	
Sex <i>Female</i>	Color or Race <i>White American</i>		Birthplace <i>Frederick Co.</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Near Plant 4</i>					
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Wm. E. Spurner</i>						
Father's Name <i>Isaiah Fowler</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Eliza Wheeler</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>John Spurner</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several Years</i>
Immediate <i>Asthma</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. E. Brownwell</i>
	Address <i>W. T. City Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Burnier Stauffer

Died at <sup>Town</sup> Walkersville<sup>County</sup> Frederick

MARYLAND

Date  
of death 1906

Month 12

Day 13

Age

Years 69

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Md

Occupation

House wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of ~~Wife or~~  
Husband

David R. Stauffer

Father's  
Name

Daniel Burnier

Father's  
Birthplace

Md

Mother's  
Maiden Name

Lydia Praeger

Mother's  
Birthplace

Md

Name of person giving  
in formationHow related  
to deceased

## CAUSES OF DEATH

Primary

General debility

How long

See Ys

Immediate

Bronchitis

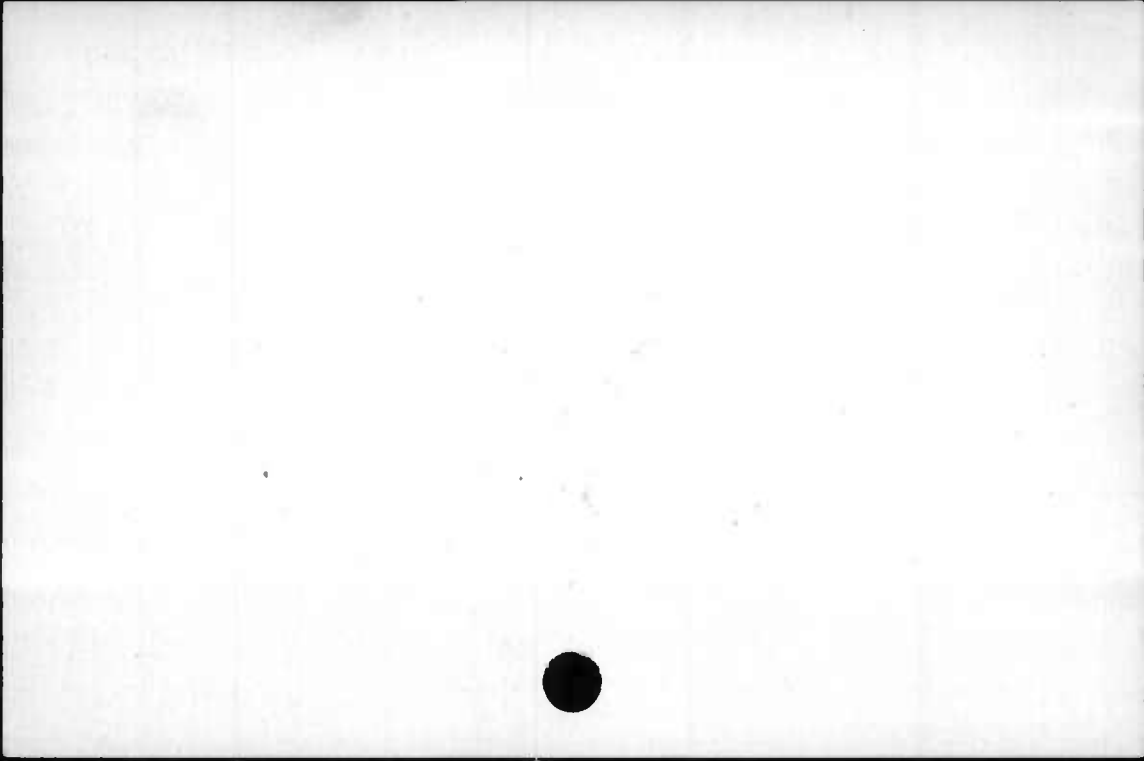
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Jno. D. Nicholas  
Walkersville

Accident or Suicide?



Name  
in  
Full

Mary Jane Stimml

## CERTIFICATE OF DEATH

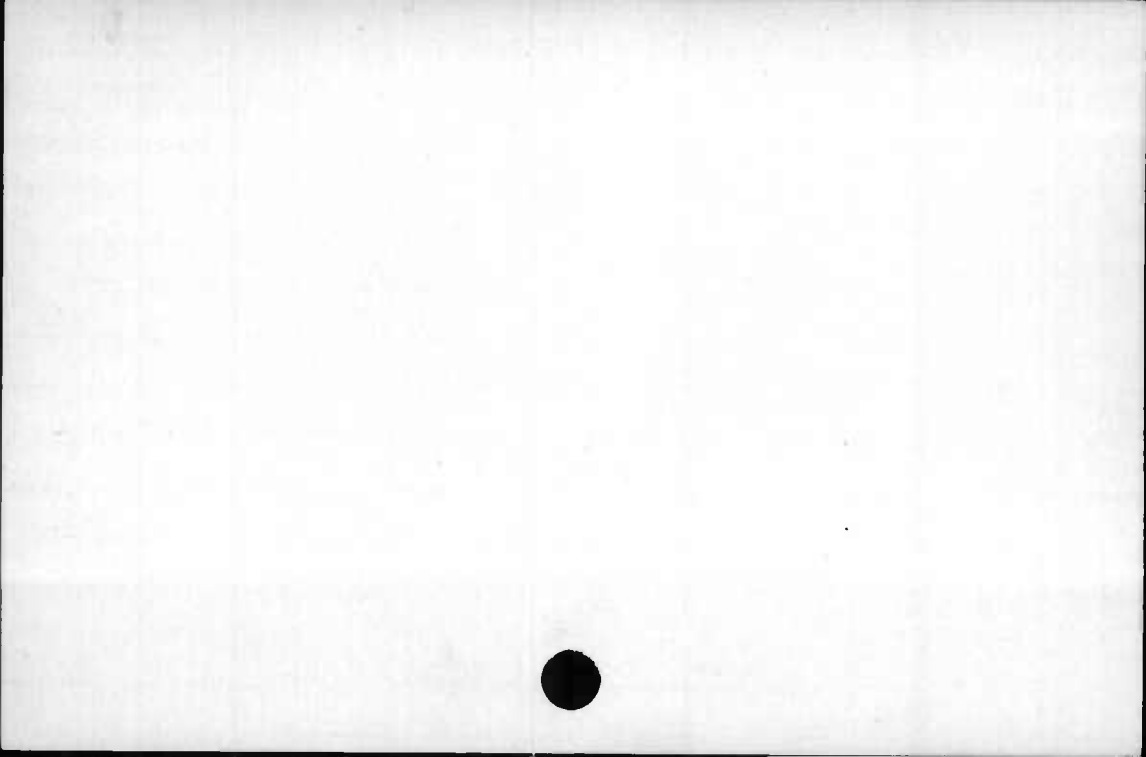
TO BE ANSWERED BY  
NEAREST FRIEND

Died at			Town		County, <i>Frederick</i>		MARYLAND			
Date of death		1906	Month	<i>Dec</i>	Day	<i>2</i>	Age	Years <i>78.</i>	Months <i>3</i>	Days <i>25</i>
Sex		<i>Female</i>		Color or Race		<i>White</i>		Birth-place		<i>Maryland</i>
Occupation		<i>Housewife</i>				Where Residing if not at place of death				
Married, Single or Widowed		<i>Widow</i>		Name of Wife or Husband		<i>Edward H Stimml</i>				
Father's Name		<i>John Barwick</i>				Father's Birthplace		<i>Maryland</i>		
Mother's Maiden Name		<i>" "</i>				Mother's Birthplace		<i>" "</i>		
Name of person giving information		<i>W. H. Kable</i>				How related to deceased		<i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
<i>General Debility</i>	
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>W. H. Kable</i>	
Address <i>Shrodsboro, Md</i>	
Accident or Suicide?	





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Garfield</i> <sup>Town</sup>		<i>Madon</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Dec</i>	Day <i>14</i>	Years <i>83</i>	Age <i>83</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>House keeper</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Rosie Stoltmeyer</i>				
Father's Name <i>Solomon Forrest-</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Walf</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Daniel Forrest-</i>	How related to deceased <i>brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	<i>64</i>	How long
Immediate <i>Shock</i>		How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. E. Hill</i>	
	Address <i>—</i>	
Accident or Suicide?		



Name  
in  
Full

Cora Ellen Swope

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Garfield		County Frederick		MARYLAND	
Date of death 1906	Month Dec	Day 31	Age 9	Years	Months 5	Days	
Sex Female	Color or Race white		Birth- place Md				
Married, Single or Widowed		Single		Occupation School Girl			
Name of Wife or Husband							
Father's Name J. S. Swope				Father's Birthplace Md			
Mother's Maiden Name Mary Hurley				Mother's Birthplace Md			
Name of person giving information Mrs Swope				How related to deceased mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	1 wk
Immediate	Croup	How long	14 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. J. Smith
		Address	Wellsville Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

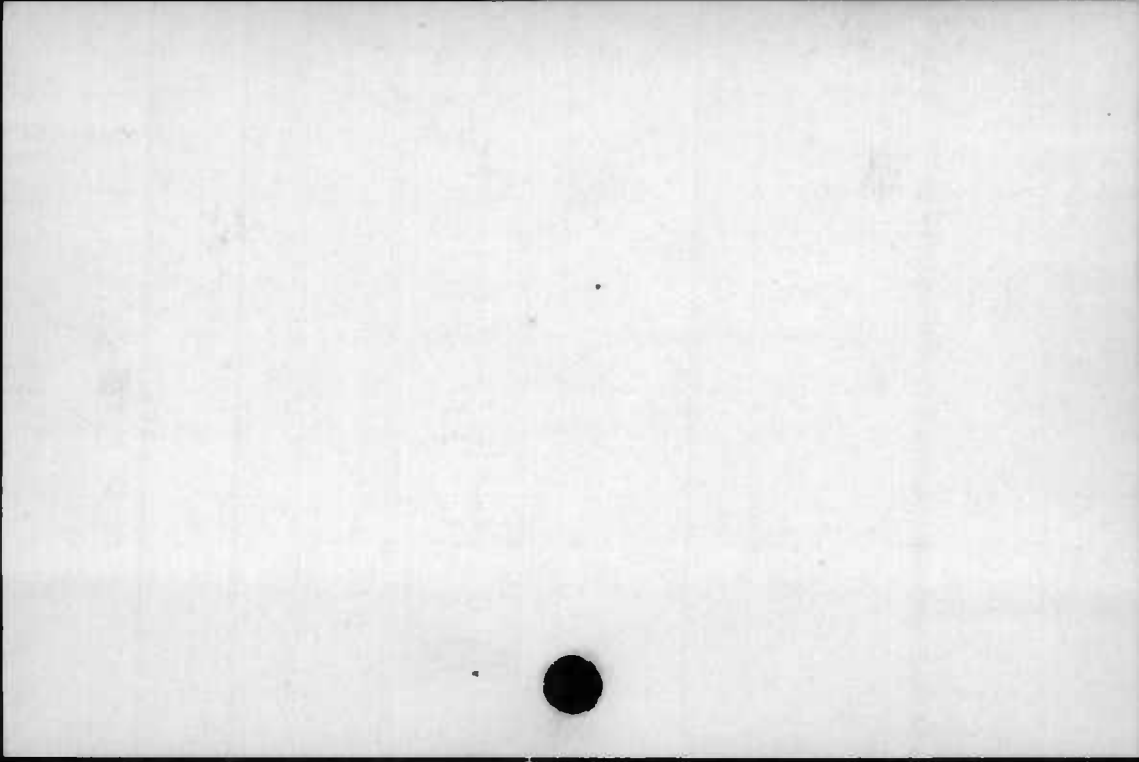
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Infant of Annie Ottow		Town Frederick		County Annapolis		MARYLAND	
Died at		Frederick		County Annapolis					
Date of death		1906	Month	21	Day	Age	Years	Months	Days
Sex		Female		Color or Race		White		Birthplace	
Occupation				Where Residing if not at place of death		Y		Frederick	
Single or Married		Single		Name of Wife or Husband					
Father's Name				Father's Birthplace					
Mother's Maiden Name		Annie Ottow		Mother's Birthplace					
Name of person giving information				How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long	
Immediate	Circumcision	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

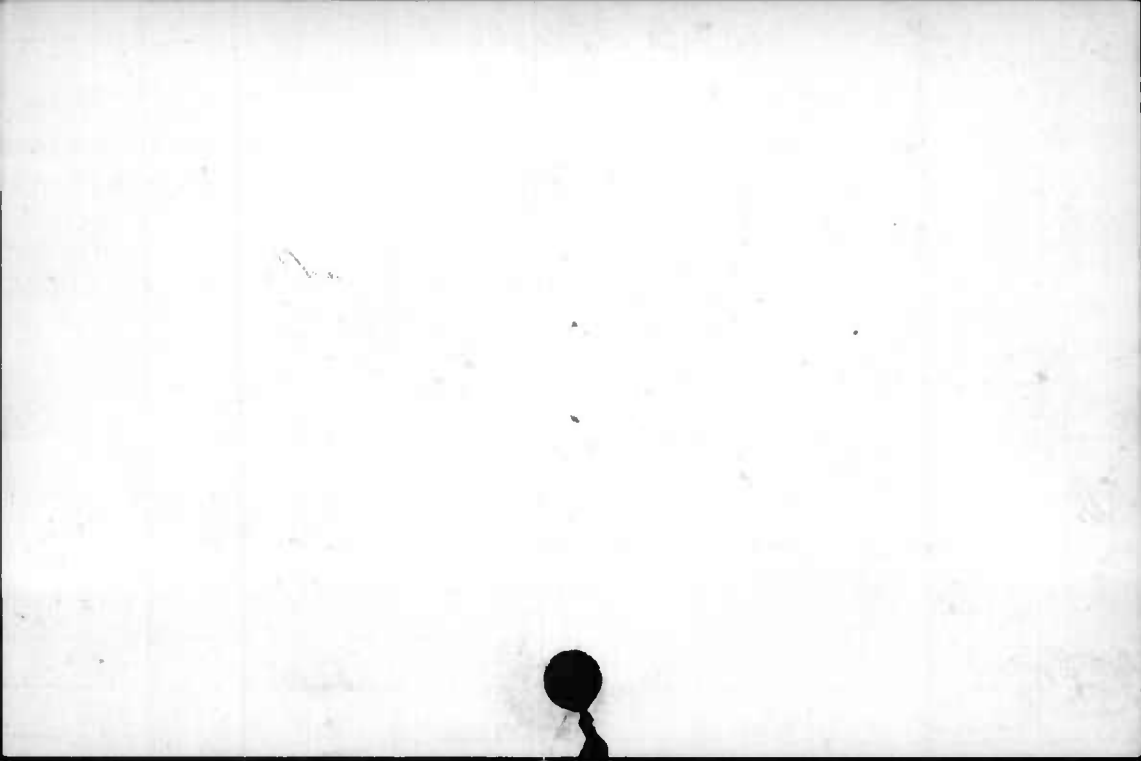
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Margaret E. Toppner</i>		Town <i>Fredricks</i>		County <i>Fredricks</i>		MARYLAND	
Died at		Month <i>12</i>		Day <i>3</i>		Years <i>70</i>	
Date of death <i>1906</i>		Months <i>9</i>		Days <i>18</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James E. Toppner</i>					
Father's Name <i>John Ashbaugh</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Margaret Hann</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. Wenger</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General debility</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>about 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Goodman M.D.</i>	
Filed <i>1906</i>		Address <i>Frederick Md.</i>	
Accident or Suicide? <i>~~~~~</i>			





Name in Full		Philip J. Walker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County "		MARYLAND		
	Date of death	1906	Month 12	Day 17	Age 76	Months 8	Days 13	
	Sex	Male		Color or Race	Black		Birth-place	Md
	Occupation	Broom maker			Where Residing if not at place of death			X
	Married, Single or Widowed	Single			Name of Wife or Husband			Emily R. Smith
	Father's Name	Henry Walker			Father's Birthplace			Md
	Mother's Maiden Name	Lucy Boyd			Mother's Birthplace			Md
	Name of person giving information	Richard Walker			How related to deceased			son
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Paralysis			How long	3 weeks		
	Immediate	Exhaustion			How long			
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	W. F. Gooden, M.D.		
	Address				Frederick, Md			
Accident or Suicide?		No						



Name  
in  
Full

Melvin May Wetzel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Emmitsburg

Frederick

Date

of death

1906

Month  
DecDay  
3

Age

Years

Months

6

Days

2

Sex

Male

Color or  
Race

White

Birth-  
place

Emmitsburg

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Edward Wetzel

Father's  
Birthplace

Md

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

Howard Wetzel

How related  
to deceased

Niece

## CAUSES OF DEATH

Primary

Broncho - Pneumonia

92

How long

Four days

Immediate

Hyperpyrexia

How long

Six hours.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

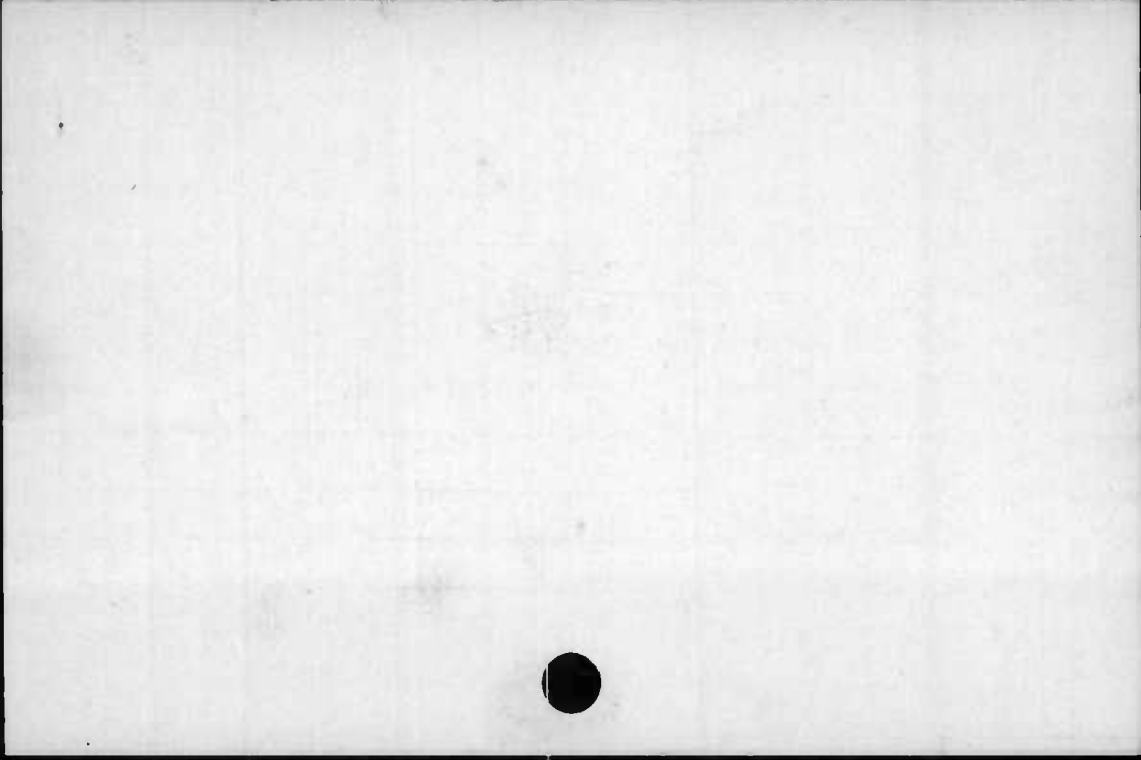
B. J. Jamison

Address

Emmitsburg  
md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

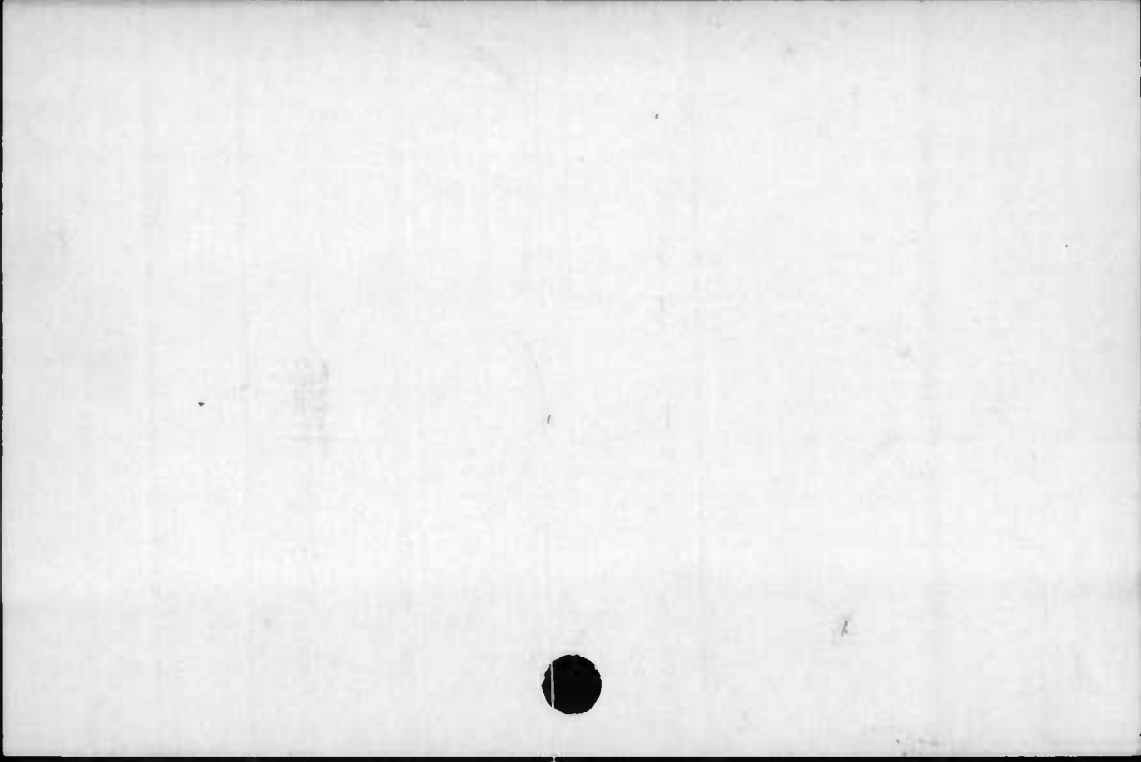
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Wm Nelson Milhite</i>		Town <i>Thurmont</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>24</i>		Years <i>Age</i>	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>24</i>		Years <i>Age</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth- place <i>Fredk Co Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or <i>Elizabeth Graham</i>					
Father's Name <i>Henry</i>		Father's Birthplace <i>Fredk Co Md</i>					
Mother's Maiden Name <i>Willie Milhite</i>		Mother's Birthplace					
Name of person giving In formation <i>Willie Milhite</i>		How related to deceased <i>Son.</i>					

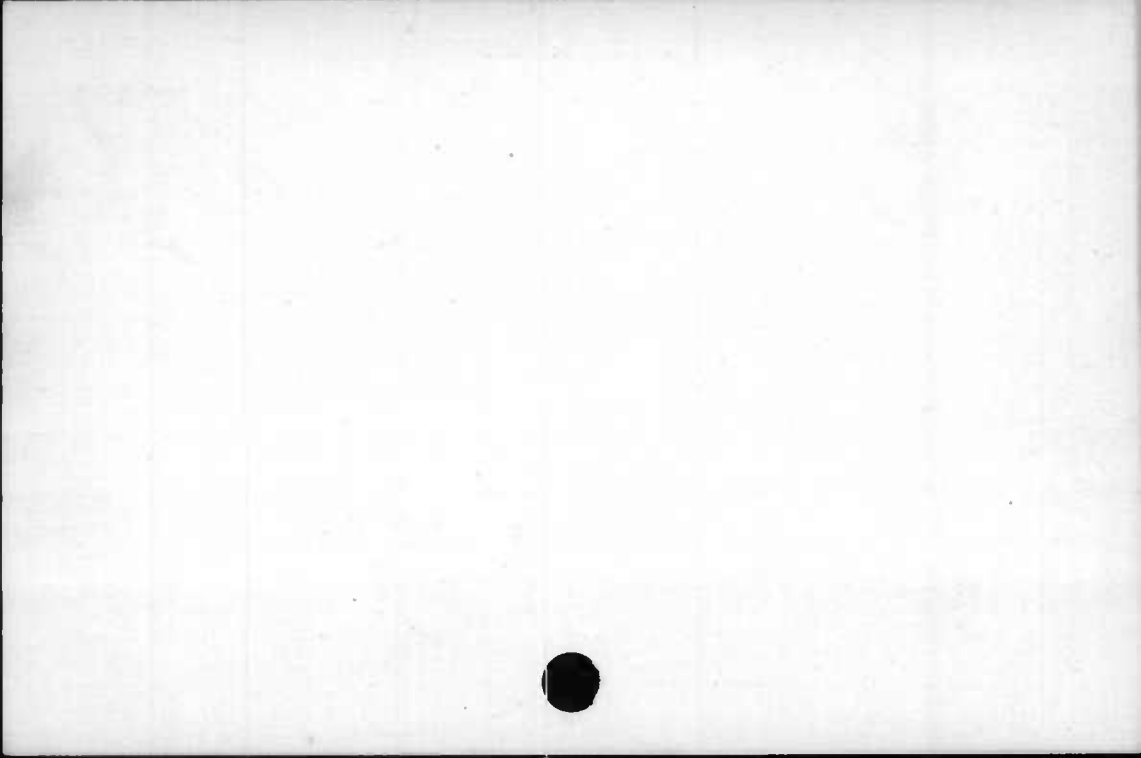
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio-sclerosis (Chronic Interstitial Nephritis)</i>	How long <i>3 years.</i>
Immediate <i>Uremia.</i>	How long <i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes,</i>	Signature of Physician <i>E. C. Kefauver,</i>
	Address <i>Thurmont, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Hamilton Williams		No. 30		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town New Market		County Frederick		MARYLAND	
	Date of death	1906	Month 12	Day 28	Age Years	86	Months Days	
	Sex	male		Color or Race	Black		Birth- place	
	Occupation	Laborer			Where Residing If not at place of death			
	Married, Single or Widowed	Single			Name of Wife or Husband			
	Susan Williams			Father's Birthplace			Md	
	Mother's Maiden Name			Don't Know			Mother's Birthplace	
	Name of person giving In formation			Thos. Williams			How related to deceased	
Son								
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Aortic Stenosis			(64)	How long	for years	
	Immediate	Hemiplegia				How long	4 days	
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician			
				Address				
	Accident or Suicide?			no				





Name  
in  
Full

Amanda Wood

No. 27

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town New Market		County Fried		MARYLAND	
Date of death		1906	Month 12	Day 12	Age 74	Months	Days
Sex Female		Color or Race White		Birthplace Fried Co			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband Elias Wood					
Father's Name Aca Swamy		Father's Birthplace Fried Co					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information J. J. Downey		How related to deceased None					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	2 days
Immediate	Coma	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Ys	
Signature of Physician		J. J. Downey	
Address		New Market	
Accident or Suicide?			



Name in Full		Mary Wood		No 29		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>New Market</i> <small>Town</small>			<i>Frederick</i> <small>County</small>		MARYLAND	
	Date of death	1906	Month 12	Day 22	Years 61	Months	Days
	Sex	Female			Color or Race	white	
	Birth- place	Maryland					
	Occupation				Where Residing If not at place of death		
	Married, Single or Widowed	widowed			Name of <del>Wife</del> or Husband	John Wood	
	Father's Name	Gruber Wood				Father's Birthplace	Maryland
Mother's Maiden Name					Mother's Birthplace		
Name of person giving In formation					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Hemiplegia</i>			<i>UH</i>	How long	6 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	<i>H. H. Hopkins M. D.</i>	
	Address				<i>New Market</i>		
Accident or Suicide?		no		<i>Ind. Co.,</i>		<i>Md</i>	

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